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ABSTRACT

The year 1995-96 marks the 10th anniversary of NAEYC accreditation. This collection brings together essays that examine what educators have learned from the past decade along with future directions for accreditation. The chapters focus on three broad themes: (1) effects of NAEYC accreditation on program quality and outcomes for children; (2) lessons learned from accreditation; and (3) relationships between NAEYC accreditation and public policy. The chapters are (1) "The First Decade of NAEYC Accreditations: Growth and Impact on the Field" (Sue Bredekamp and Stephanie Glowacki), describing the sociopolitical and historical context behind NAEYC's accreditation system; (2) "The Quality of Work Life in Early Childhood Programs: Does Accreditation Make a Difference?" (Paula Jorde Bloom); (3) "The Effects of Accreditation on Care in Military Child Development Centers" (Gail L. Zellman and Anne S. Johansen); (4) "NAEYC Accreditation as an Indicator of Program Quality: What Research Tells Us" (Marcy Whitebook); (5) "Accreditation of Johnson and Johnson's Child Development Center" (Carollee Howes and Ellen Galinsky); (6) "Using a Statistical-Indicator of Methodology for Accreditation" (Richard Fiene); (7) "Accreditation: Process or Product?" (Annette Sibley and Martha Abbott-Shim); (8) "The Challenge of Responding to Individual and Cultural Differences and Meeting the Needs of All Communities" (Gayle Cunningham); (9) "Facilitated Accreditation Project" (Lori Harris and others); (10) "The Accreditation Facilitation Project: A Community Climate Ripe for Collaboration on Quality" (Judith G. Goldfarb and Deborah Flis); (11) "The Role of Accreditation in Public Policy" (Louise Stoney); (12) "Licensing and Accreditation: How Much Quality is Quality?" (Gwen Morgan); (13) "What Do Parents Want? Can We Create Consumer Demand for Accredited Child Care Programs?" (Barbara Reisman); and (14) "Creating a Market for Quality through NAEYC Accreditation" (W. Steven Barnett). (BGC)

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Barbara A. Willer, Editors

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Preface

To mark the first decade of its accreditation system, NAEYC did not hold a huge party to celebrate accreditation's success. Instead, with the support of the Robert R. McCormick Tribune Foundation, an invitational conference was organized for the purpose of reflecting on the lessons learned from the first decade and applying those lessons to future goals and directions. An overriding issue in the conference was to explore how accreditation can be used as a tool to achieve NAEYC's goal of high-quality early childhood programs for all children and families—programs that appropriately meet the needs of *all* children served, that provide adequate compensation to all staff, and that are affordable to all families.

The chapters in this volume, which began as background readings for the conference and now incorporate key issues from the conference discussions, focus on three broad themes: (1) the effects of NAEYC accreditation on program quality and outcomes for children; (2) the lessons learned from accreditation, especially for supporting programs seeking accreditation and for ensuring that the system fully meets the needs of the diversity of children and families within our nation; and (3) the relationships between NAEYC accreditation and public policy. Crosscutting these themes are both internal issues, for example, the system's efficiency, reliability, and validity in accrediting high-quality programs; and external issues, for example, the diverse regulatory climate governing early care and education and the inadequacy of current funding mechanisms to provide high-quality programs. This preface introduces each of the chapters and then briefly summarizes some of the key lessons and recommendations identified throughout the conference.

Early childhood educators believe strongly in the concept of development, recognizing the importance of *context* as well as *interactions*. Context and interactions are as important to the development of a system like accreditation as they are to child development. Thus, this volume begins with a chapter by Bredekamp and Glowacki (Chapter 1) that describes the historical and sociopolitical context in which NAEYC's accreditation system was created and how factors within that context, including the professional preparation of early childhood program staff, the financing and governance of early childhood programs, and public awareness and engagement regarding programs for young children, have influenced and been influenced by NAEYC accreditation.

As Bredekamp and Glowacki note, NAEYC accreditation began in the early 1980s, after a decade characterized by rapid growth of children's participation in center-based programs. Children were, and continue to be, enrolled in centers of many different auspices—private not-for-profit, private commercial (for-profit), and in a limited number of cases, publicly operated programs. There were, as there are today, independent programs as well as chains, programs associated with religious institutions, Head Start programs, public school programs, programs linked to larger social service agencies, and employer-supported programs, to name but a few. In order to reach the largest number of children, accreditation had to be responsive to the diversity of programs.

Federal policy to fund and guide the development of early childhood care and education programs was largely nonexistent in the early 1980s. The Comprehensive Child Development Act had been vetoed in 1971, making Head Start (targeted to a small

percentage of children of families living in poverty) and the Dependent Care Tax Credit (provided to parents as relief for a portion of their child care expenses) the primary sources of federal funds for early childhood care and education. The Federal Interagency Day Care Requirements, proposed for several years as federal standards for all child care programs receiving federal funds, were abandoned in the late 1970s, ceding primary responsibility to the states for regulating early childhood settings. Then, as now, states varied widely in the content, scope, and implementation of regulations for early childhood programs.

Just as states varied widely in their regulatory definitions, so, too, did early childhood professionals vary in their definitions of quality for children. The general consensus was that "you know it when you see it." The rapid growth of program participation also resulted in large numbers of people entering the field as teachers and caregivers of young children, and they typically entered the field relying more on inservice training than preservice preparation for professional development.

NAEYC accreditation was envisioned, in part, as a tool to change this context of early childhood program provision. A voluntary system, accreditation stresses standards of excellence for all types of group programs outside the home. Considerable time and energy was devoted to building consensus within the field for accreditation criteria and to designing a participatory system that reflects key principles of adult learning, group dynamics, and the process of change (NAEYC 1991). These efforts have certainly paid off, to which the chapters in this book attest. But accreditation is not a panacea and continues to operate in an imperfect world. The primary barrier to providing high-quality programs is inadequate funding and with it inadequate staff compensation and unacceptably high rates of staff turnover. Biases continue to permeate our society, so that more must be done to ensure that early childhood programs, along with the accreditation system itself, respond more sensitively to the individual needs of children and respect cultural and community variation. The chapters remind us that we can take pride in accreditation's accomplishments, but we cannot be complacent because much more needs to be done to ensure that all children have the opportunity to participate in high-quality early childhood programs that help them and their families to thrive.

Effects of NAEYC accreditation

The chapters in this first section examine the effects of NAEYC accreditation on program quality and outcomes for children. What difference does accreditation make in the life of a program? How does it affect child outcomes? Staff effectiveness and morale? Overall program effectiveness? Most importantly, is accreditation worth it? Are its benefits lasting and real or does it primarily distinguish already good programs? These are some of the questions addressed by the authors in this section.

Bloom (Chapter 2) examines the quality of work life in accredited and nonaccredited programs and finds significant positive differences in accredited programs on various aspects of organizational climate. Bloom suggests that NAEYC accreditation transforms programs by making staff active partners in program improvement activities and leads to staff having an increased commitment to the center and greater involvement in shared decisionmaking.

Zellman and Johansen (Chapter 3) document the military's experience with NAEYC accreditation. The 1989 Military Child Care Act required at least 50 military child development centers to achieve accreditation by a national accrediting body for early childhood programs. This chapter analyzes the accreditation process in the military programs, examines the effects of accreditation on program staff, and explores the perceived effect of accreditation on child outcomes. Although they found it difficult to measure specific improvements in child outcomes as a result of accreditation, the authors say that there can be little doubt but that accreditation improves the quality of care provided by the programs and that these improvements can be found in centers of both lower and higher quality prior to accreditation.

Whitebook (Chapter 4) analyzes the available empirical data on accreditation and raises critical questions about the quality and consistency of accreditation decisions. Her chapter reminds us of the ecology of early childhood programs, the fact that programs operate within a funding and regulatory context that too often hampers the provision of good-quality care. Programs that rely primarily on parent fees for their revenue are especially susceptible to the vagaries of inadequate financing. The lower salaries and subsequent higher rates of staff turnover associated with programs without additional sources of revenue

make it difficult, if not impossible, for these programs to maintain the level of quality presumed by accreditation. If programs are accredited but unable to maintain the standard, Whitebook argues that the credibility of accreditation is diminished.

Howes and Galinsky (Chapter 5) use an intensive case-study method to explore the process of NAEYC accreditation, following a corporate center as it pursues accreditation. They found that in its first year of operation the center met all of the structural variables of quality—a beautiful and well-equipped physical environment, teachers with excellent credentials and good salaries, and child-staff ratios and group sizes that met professional recommendations—but the actual relationships between teachers and children were not all that they should be. Two additional observation periods, one at the midpoint of the accreditation process and one after the program achieved NAEYC accreditation, revealed significant improvements in the sensitivity and appropriateness of the teaching styles and activities. Howes and Galinsky explore the process of change during the accreditation process, while calling for additional research to determine how improvements may occur in programs that begin with fewer resources than were available to this program.

This first section concludes with Fiene (Chapter 6) describing a statistical indicator methodology for accreditation. Fiene's research validates the NAEYC accreditation system by analyzing key indicators of quality along with other national standards, including the American Public Welfare Association/American Academy of Pediatrics National Health and Safety Performance Standards (1992). He offers a tantalizing approach that might provide greater efficiency, but only for reaccreditation of programs in which little change has occurred.

Lessons learned through NAEYC accreditation

The chapters in the second section of the volume explore different approaches to improve program quality through NAEYC accreditation. Sibley and Abbott-Shim (Chapter 7) examine whether accreditation is a process or a product, emphasizing the importance of the formative evaluation of the accreditation self-study process in helping programs achieve lasting improvements.

The primary barrier to providing high-quality programs is inadequate funding and with it inadequate staff compensation and unacceptably high rates of staff turnover.

Cunningham (Chapter 8) explores how NAEYC accreditation helps programs respond appropriately to the individual and cultural differences of children and families within a program. She considers whether the NAEYC accreditation system effectively evaluates how well programs are meeting the needs of all children, especially children of color. The NAEYC accreditation criteria call for responding sensitively to all children as individuals and as members of families and cultural groups (NAEYC 1991), but these criteria are not always applied consistently by centers engaged in the process nor by validators collecting information for the accreditation decision. Making the criteria that pertain to antibias and multicultural aspects more comprehensive is one strategy for improvement, but such changes must be accompanied by other efforts, including teacher preparation and working for social change to reduce bias, in order to improve the implementation and evaluation of these criteria.

Harris, Morgan, and Sprague (Chapter 9) explore an accreditation facilitation project funded by IBM through its Dependent Care Initiatives to support centers going through the NAEYC accreditation process. As a result of their involvement with accreditation, facilitated centers reported positive changes in their program and curriculum, improved staff communication, an enriched multicultural focus, physical improvements to the center, improved parent relations, and improvements in health and safety provisions. Because this project included multiple sites operating in different state regulatory climates, it highlights the fact that accreditation standards of quality are not always consistently implemented from site to site. What is judged *good* in a state with a poor regulatory climate may fall short of this level in a state with higher standards. This fact represents a continuing challenge for NAEYC accreditation, to offer a system that provides for local buy-in (e.g.,

the standard is not perceived as unachievable by the majority of programs within the community and, therefore, is seen as an ivory-tower standard out of touch with reality) so that a critical mass of programs participate and improve their quality of services, while also maintaining the validity, integrity, and credibility needed for a national system.

Goldfarb and Flis (Chapter 10) conclude the second section by describing how an accreditation support project designed by a community collaboration effort has furthered overall community involvement in early childhood issues. Their experiences illustrate the fact that programs vary considerably in their readiness to pursue NAEYC accreditation and that different types of support are needed for programs that are (1) not even in compliance with basic licensing and regulatory requirements, (2) meeting basic requirements but in need of substantial improvements, or (3) capable of achieving accreditation within one to two years.

Accreditation and public policy

The final section of the book explores more deeply the recurring theme that accreditation operates within a sociopolitical context. Public opinion and public policy, especially regarding child care and early education and the roles and responsibilities of government and families, profoundly affects how accreditation operates. At the same time, accreditation can be a powerful tool for shaping policy and public opinion. Stoney (Chapter 11) explores the role that accreditation has and could play in public policy, including funding standards, differential rates for public fee assistance, regulating and monitoring efforts, and collaborative financing initiatives. After first exploring the needs of public policy officials, Stoney lists a number of steps that NAEYC could take to strengthen the role of accreditation in state and local governments as well as in early childhood programs supported by the private sector.

Morgan (Chapter 12) focuses on the thorny issue of licensing and regulation. She asks, How good is "good enough"? and warns that we must not overlook the necessity of ensuring a basic floor of acceptable quality through public regulation while striving for excellence through accreditation. She also explores the critical interplay of accreditation and licensing and underscores the need for both approaches in an effective early childhood system. As she has done in the past, Morgan provides a useful grammar for communicating about the goals of each aspect of the regulatory system.

Reisman (Chapter 13) considers consumer demand in child care and the importance of taking into account parents' and other consumers' knowledge of quality in early childhood programs in ongoing efforts to strengthen NAEYC accreditation. Reisman stresses the importance of listening to what is important to parents rather than relying only on professional judgments in working to create broader consumer demand for NAEYC accreditation. She outlines a number of strategies that could be used to build public awareness of NAEYC accreditation, cautioning that an effective public awareness campaign to increase consumer demand for good-quality child care is not an easy undertaking. Even limited consumer awareness activities, however, would be worthwhile and should stress the links between higher program quality, better child outcomes, and NAEYC accreditation.

Barnett (Chapter 14) concludes this section by employing an economist's perspective to creating a market for quality through NAEYC accreditation. Barnett suggests that NAEYC accreditation will be most successful if it is developed within the context of a comprehensive strategy to improve quality overall, through increased professional development, increased funding, and increased public support.

Future directions for accreditation

The recommendations that emerge from this volume, like the lessons learned, emphasize the interrelationships between early childhood program delivery, professional preparation, financing and governance, and public awareness and engagement. Significant improvements have occurred in each of these areas since NAEYC accreditation began, influenced at least in part by accreditation, but serious limitations remain as well.

With regard to professional preparation and practice, the early childhood profession has moved toward consensus and a shared body of knowledge, recognizing that any professional body of knowledge is dynamic and therefore subject to question, review, and revision. The body of knowledge, reflected in accreditation standards, serves as the basis for professional preparation

guidelines and is regarded as state of the art in early childhood education. But until these standards are reflected in a required license for practice, they fall short of their potential to affect the quality of programs for all children.

Since NAEYC accreditation began in 1985, public and private investments in early childhood care and education have expanded rapidly, although they remain far short of the need. Head Start funding has increased significantly since 1985, and four large federal child care programs have been created (although they are likely to be consolidated as of this writing). A number of states have invested new state funds in prekindergarten programs and provided support for young children with disabilities or other special learning needs and in some cases required accreditation as a precondition for operating these programs. Corporate support has also increased exponentially since 1985. Despite large funding increases, however, the early childhood system remains drastically underfinanced. Early childhood care and education services are still unaffordable for many families. For some low-income families, child care payments represent 35 to 40% of their budget. The economic pressures on families with young children, combined with the fact that consumers do not distinguish between mediocre and good programs (Cost, Quality, & Outcomes Team 1995), exert strong pressures on programs to keep prices low.

Despite the evidence that strong regulatory environments are associated with better outcomes for children (Whitebook, Howes, & Phillips 1989; Phillips, Howes, & Whitebook 1992; Cost, Quality, & Outcomes Team 1995; Howes, Smith, & Galinsky 1995), there is pressure to relax regulatory standards, especially if the standard is associated with higher program costs (and fees), such as child-staff ratios that reduce the allowable number of children (revenue) to each adult (personnel cost). Welfare reform efforts that will require larger numbers of mothers of young children to work, thereby necessitating child care, are creating even greater demands for reducing the regulatory burden, despite the fact that children living in poverty may be the ones to benefit most from intensive high-quality interventions.

The simple fact is that NAEYC accreditation must maintain its integrity and a high standard of quality as it operates within the current context of program delivery. On this point there is no dis-

The economic pressures on families with young children, combined with the fact that consumers do not distinguish between mediocre and good programs, exert strong pressures on programs to keep prices low.

agreement. However, among the experts reflecting on a decade of accreditation, different perspectives arose in terms of future strategies. For example, some argued that the NAEYC accreditation standard must be unassailable in the level of quality it represents, even if it means not accrediting large sectors of the early childhood market, for example, programs not receiving subsidies for their operation or those operating in states with poor regulatory contexts. According to this perspective, such programs, even when they are significantly better than others in their community, are still not good enough to meet the level of good quality that accreditation should represent. Others argued that if accreditation is outside the reach of large sectors or states, its public credibility may be diminished, especially if the standard and system are then viewed as professional standards out of touch with reality. In addition, if certain programs see no reason to pursue accreditation, the system's value as a mechanism for program improvement is lessened.

The central lesson and challenge is the need to improve the overall context of delivery of early childhood programs within this nation. To do so, child care regulations that make it difficult, if not impossible, to provide "good enough" care must be improved. Early childhood professional preparation must be strengthened at all levels, building greater consistency among professional judgments of early childhood programs, especially by program directors and validators. And public recognition of and demand for quality in early childhood programs must be increased; until the service is valued, it is not likely that additional revenues will be forthcoming.

Strengthening early childhood program financing and governance, professional preparation, and consumer awareness and engagement will require concerted effort among the entire early childhood

community, joining forces with many others—parents, business and government leaders, and concerned citizens. Strengthening these aspects should also help to maintain and protect the integrity of the NAEYC accreditation system by addressing some of the key barriers faced by programs working to achieve accreditation.

Since the outset, NAEYC's accreditation process has been characterized by the involvement of a broad array of stakeholders and others dedicated to young children, families, and early childhood education. This book continues that collaborative tradition, and we hope that it will stimulate further involvement on the part of readers. The reflections presented here suggest that NAEYC accreditation has made major accomplishments in its first decade. But we cannot rest on our laurels, because much more needs to be done if we are to achieve the goal of providing high-quality programs for all young children and their families and ensuring that all programs adequately compensate staff and are affordable to all families. Our hope is that reading this volume will create a sense of pride in NAEYC accreditation as well as inspiration to continue to work on behalf of all children.

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Sue Bredekamp and Stephanie Glowacki

1

The First Decade of NAEYC Accreditation: Growth and Impact on the Field

The year 1995–96 marks the 10th anniversary of NAEYC accreditation, a propitious occasion to reflect on how accreditation has grown, its impact on the Association and the field of early childhood education, what we've learned from 10 years of experience, and what we need to do to plan for the future. We begin with a brief description of the development of the system, followed by a history of the growth of accreditation. Next, we reflect on some of the effects of accreditation on NAEYC and the profession. Finally, we evaluate (from our nonobjective perspective) where accreditation is now and what changes need to occur if it is to continue to grow and be an effective tool for improving the quality of early childhood programs in the future.

Where accreditation began

At the Association's annual business meeting in 1980, held during the Annual Conference in Detroit, Michigan, then NAEYC President Barbara Bowman announced that the Governing Board had voted to explore the feasibility of a "center endorsement project." The decision came in response to serious concerns about the quality of early childhood programs, the lack of uniform standards across the nation, and the lack of a consensual definition of quality. In fact, one of the more frequently asked questions of the day was What is quality child care? The answers ranged from lengthy sets of detailed specifications to a simple "you know it when you see it."

The Board appointed a steering committee to oversee the project. The committee eventually included four NAEYC past presidents—Barbara Bowman as chair, Jan McCarthy, Bettye Caldwell, Docia Zavitkovsky—and two Board members, Sally Kilmer and Earline Kendall. The committee met several times a year for more than four years. NAEYC's Marilyn M. Smith, executive director; J.D. Andrews, chief operations officer; and Sue Bredekamp staffed the project.

For the announcement of the new project, Sue Bredekamp was in Detroit because she had acted as a consultant for the development of NAEYC's teacher education guidelines and conducted an open hearing on the guidelines at the Conference. Since that project was ending, she was asked if

she had time to work on the center endorsement project; she did.

The Governing Board's decision in 1980 came at a critical point in the Association's history. In 1980 NAEYC had 33,000 members. The membership had almost doubled in the previous decade (from 17,000 in 1970). The Affiliate Group structure was well established, and the Association had gained sufficient credibility and financial viability to move in new directions. Many Board members at the time felt that a personnel certification or some form of accrediting colleges and universities was the most important initiative for NAEYC to undertake to try to improve the quality of professional preparation of early childhood educators.

J.D. Andrews proposed that, instead of certifying adults or endorsing colleges, NAEYC endorse child care centers. His thinking was based on several important perspectives about NAEYC. First, the Association was composed largely of people working directly with children, so he thought we should develop ways of supporting those people, our members. Also, our mission was to act on behalf of children, and where else were children to be found but in centers! Finally, he proposed a strategy consistent with the way NAEYC had always been structured: to build an inclusive system that could take in all group programs serving young children and at the same time that would be exclusive because of its focus on standards for high quality. NAEYC was built on this same tension of inclusivity (achieved by having no requirements for membership) and exclusivity (maintained by focusing on quality products and services).

Developmental work during the first year consisted of reviewing the literature on the effects of various components of programs on outcomes for children, reviewing existing systems as well as the literature on organizational change, and holding meetings throughout the country to get input from our members on whether and how we should pursue such a system. What now looks like a great idea was actually met with considerable skepticism among the leadership of the Association. Although the NAEYC Board stood behind the decision, committed significant resources, and worked diligently on developing the system, virtually everyone in a position of leadership, except J.D. Andrews, doubted that we could ever sell the idea to our diverse field and feared the negative impact on a membership association of setting standards that many members' programs could not meet. On numerous occasions Barbara Bowman said, "Even if we never accredit one program, at least we will have developed the criteria, and that will be a major contribution."

Despite the doubts of many leaders, however, the concept was embraced by many frontline teachers and directors who actively sought a way of demonstrating that their programs were better quality than licensing required. In response to this demand, several local accrediting systems had already been developed and were helpful to us in building a national system. These early models included systems in Missouri, Ohio, Arizona, Minneapolis-St. Paul, and Dallas, of which only the Missouri system continues to operate; the others chose to use NAEYC accreditation when it became available.

By 1983 the project was called the Center Accreditation Project or CAP, because we quickly realized that what we were talking about was not something completely new but that it approximated an existing concept—accreditation. Additional support for this proposed approach came from John Naisbitt's farsighted work and best-seller, *Megatrends*. Naisbitt predicted that a major trend of the future would be "an increased demand for high quality in all items we purchase" (1982, 96). This prediction has certainly been reflected in the primary child care debate of the last decade. We saw a shift from questions of whether children should be in out-of-home care to discussions of what the quality of that care must be to ensure positive outcomes for children and a sound investment for funders.

The two major goals of the NAEYC accreditation project were and are (1) to help program personnel become involved in a process that will facilitate real and lasting improvements in the quality of the program and (2) to evaluate the quality of the program for the purpose of accrediting those programs that demonstrate substantial compliance with criteria for high quality. From the outset our focus was on the process of self-study and improvement, and originally we thought to stop there. But it quickly became clear that without some incentive, such as recognition in the form of accreditation, very few programs would undertake a time-consuming and costly process of self-study and improvement and those that did would probably be the ones that least needed it. So,

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somewhat reluctantly and cautiously, NAEYC took on the role of standard setter and arbitrator of quality for early childhood programs.

To build consensus for the accreditation criteria and system as well as to ensure their validity, the developmental process provided numerous opportunities for systematic review and input by literally thousands of early childhood professionals in all roles. For example, the final draft of the criteria was published for review and comment in *Young Children*, which had a circulation of 40,000 at the time. In addition, the process was thoroughly field-tested in four sites—Santa Clara County, California; Dallas, Texas; Broward County, Florida; and Minneapolis-St. Paul. The process and results of the field test are documented elsewhere (Bredekamp 1985; 1986).

NAEYC's decision to develop a national, voluntary accreditation system for early childhood programs was not only potentially risky to the Association's reputation and membership base but also reflected a serious financial commitment.

The biggest challenge we faced in developing a national accreditation system was and continues to be how to set standards for diverse types of programs that operate in very different regulatory and financial contexts, all of which are essentially underfunded.

NAEYC accreditation was developed over a four-year period at a cost of approximately $500,000 from NAEYC reserve funds. The field test was supported by small grants totaling approximately $40,000, and the start-up costs of training validators were also funded by separate grants for various geographic areas. However, NAEYC was committed to developing a system that from its inception could be self-supporting through fees paid by programs, thus many elements of the system, including reliance on volunteer validators and commissioners, reflect that commitment. For example, in a decade of operation, fees to programs have only been raised once and, although steep for some small centers, remain relatively inexpensive by comparison with those of other accrediting bodies (from $350 to $850 for three years of accreditation).

From the field test it became clear that the range of program types we would accredit went beyond "child care centers"; thus CAP became the National Academy of Early Childhood Programs. The concept of the National Academy was to give the system a separate identity from NAEYC, whose members are individuals not centers, and in the future to offer benefits to accredited programs separate from membership benefits in NAEYC. The system was announced in 1984 with publication of *Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs*. The system began operation officially in 1985 with publication of the *Guide to Accreditation by the National Academy of Early Childhood Programs* and the availability of self-study materials. The National Academy accredited the first programs in 1986.

The biggest challenge we faced in developing a national accreditation system was and continues to be how to set standards for diverse types of programs that operate in very different regulatory and financial contexts, all of which are essentially underfunded. Our strategy was to develop a process that is twofold: (1) puts considerable power and control in the hands of the program director (for instance, the self-study is self-paced; both self-study and validation-visit timing are controlled by the director; the validation visit collects both the internal and external points of view on compliance, both of which are considered in the commission's accreditation decision) and (2) allows for flexibility in decisions and diversity in ways of meeting the criteria (100% compliance is not required; local validators are used; observed quality is weighed more heavily than traditional predictors of quality, such as staff-child ratios and staff qualifications; and professional judgment is used for decisionmaking rather than a point system).

These elements of the system are at least partially responsible for its success; but every solution to a problem contains the seeds of a new problem, and our system is no exception. We now face the challenge of managing and staffing a system in which timing and the number of participants are essentially out of our control. We also continually confront the bigger challenge of maintaining integrity and consistency in decisions, while also allowing for flexibility and diversity.

How accreditation has grown

Since it began operation in the summer of 1985, NAEYC accreditation has experienced unprecedented growth for an accrediting body. The first validation visit was conducted in September 1985, and the first 19 programs were accredited in April 1986, with 75 more considered in June. (Figure 1 depicts the annual rate of growth in the number of programs enrolled in self-study and the number accredited.)

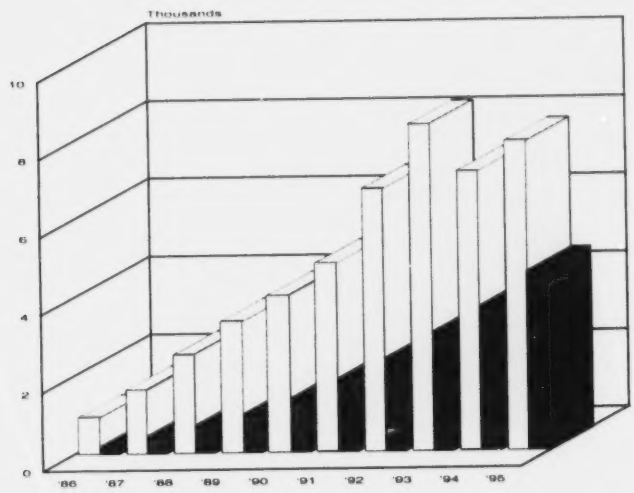
In the first decade more than 4,500 programs achieved accreditation, with more than 13,000 having begun the self-study process. NAEYC-accredited programs reflect the diversity of early childhood education but do not mirror it. All types of programs are accredited, including church-related child care and preschool programs; private for-profit child care centers, both independent and related to national chains; nonprofit community-based programs, including Head Start

and publicly funded child care centers; parent cooperatives and lab schools/campus child care; and public school prekindergartens, kindergartens, and school-age child care programs; military child care centers; and employer-sponsored programs.

In the last few years, the greatest increase in NAEYC accreditation growth has come from military child care centers, Head Start programs, public school prekindergartens, and child care chains—specifically Children's World Learning Centers that has enrolled more than 50% of its centers and Bright Horizons that has achieved accreditation for more than 80% of its eligible centers. Recently, KinderCare Learning Centers has begun a major initiative toward NAEYC accreditation in selected geographic areas and among KinderCare At Work sites.

Accredited programs also vary in the length of day for children. More than two-thirds of the programs provide full-day care. About one-third are half day or school day; evening or weekend care is provided by 2%. Programs vary by size as well. One-third serve 60 children or fewer; 38% serve 61 to 120 children; 23% serve 121 to 240; and less than 5% serve more than 240 children.

Figure 1. **Ten Years of NAEYC Accreditation: Number of Programs in Self-Study and Accredited**



**1993–94 self-study numbers decreased due to revised criteria.*

Age groups served also vary in the accredited programs. Virtually all programs (97%) serve children in the preschool/kindergarten range of three through five. A surprising 60% serve toddlers (12 to 35 months). Infants (birth through 12 months) are served by 28%, and school-agers (six and older) are served by 31%. Approximately 3% of accredited programs serve school-age children exclusively.

Accredited programs are in all 50 states in similar proportions to the number of licensed child care programs. For example, the states with the highest numbers of accredited programs are Texas and California. Also, a correlation appears between states having higher licensing standards and having larger numbers and higher proportions of accredited programs, such as in Connecticut, Illinois Massachusetts, Minnesota, and New York. Perhaps the strongest relationship exists in states also having initiatives that publicly or privately support programs to achieve accreditation or providing incentives for programs to achieve accreditation. We can always track growth to funding—by the American Business Collaboration partners, block grants, or state departments of education (often special education funds for prekindergarten services). The U.S Military Child Care Act mandated accreditation in military child care centers, and this has been a major area of NAEYC's accreditation growth. Because we serve U.S. military child care programs overseas, we also have accredited programs in Germany, Italy, England, Iceland, Turkey, Panama, Guam, Portugal, South Korea, and Japan.

People frequently want to know the proportion of programs that achieve accreditation. During the first seven years of operation, the deferral rate held steady at 13%, even as the numbers increased. During the last three years, we have seen a significant increase in the number of programs that are deferred--from 20 to 25%. Many of these programs continue to pursue accreditation and about half are successful on a second or third attempt.

Accreditation is valid for three years, so regular cycles of reaccreditation are required. Today, almost 70% of the currently accredited programs have been reaccredited at least once. On the average about 80% of the programs maintain accreditation (ap-

proximately 15% do not seek it and another 5% are deferred.)

The growth of NAEYC accreditation can be evaluated in two ways. On the one hand, the rate of annual growth is unprecedented, compared to accrediting bodies in other professions, especially in a field where accreditation continues to be voluntary. The number of participating programs now exceeds 13,000, which is approximately 15% of more than 80,000 eligible programs. On the other hand, with only 4,500 accredited programs out of the total eligible programs, accreditation does not play a significant role in the child care market. Based on the experience of accreditation in other fields, we can predict that the system will peak at 10% of the eligible programs participating unless more incentives or mandates are forthcoming. With sufficient incentives or mandates, NAEYC accreditation could penetrate 30 to 40% of the eligible programs, thus putting real pressure on the remaining programs to strive for accreditation to compete in the market.

Impact of NAEYC accreditation on the Association and the early childhood profession

Despite fears that launching NAEYC's accreditation would threaten our membership base, the Association has grown steadily in the last 10 years. The year accreditation began—1985—saw a 7,000-member increase, the largest ever in Association history. As of 1996, membership exceeds 95,000, almost triple what it was in 1980, when NAEYC accreditation was first contemplated.

The National Academy has grown into the largest department at NAEYC, with 14 full-time staff members and several part-time assistants. In fact, the Academy is as large as the NAEYC headquarters staff was when accreditation development began in 1980. Staff turnover and expansion continue to challenge us, especially when a major assurance of the integrity of our decisions and of protection from liability is the consistent and fair implementation of accreditation policies and procedures by staff members.

Accreditation continues to provide some of the most valuable professional development experiences in the field. The self-study process remains a powerful teaching and learning tool for staff development in programs. The opportunity to serve as a validator, mentor, or commissioner provides a career ladder of sorts for individuals who seek to enhance their professional development; serving in these professional roles is always a valuable learning experience. Many Affiliate leaders report that they are most involved in their AEYC through accreditation, so the system serves an important leadership-capacity function for the organization. The recommendation for staff or administrators to obtain specialized training in early childhood education that often follows an accreditation decision has sometimes been the stimulus an individual needed to become truly engaged in his or her own professional development.

The lack of uniform standards for early childhood professional preparation is a considerable barrier to finding and keeping qualified validators and assuring reliable decisions.

Lessons learned through the accreditation system provide important information about professional development needs for the field, which, in turn, can be addressed through NAEYC's publications, conferences, and other resources and services. *Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8*, *Anti-Bias Curriculum—Tools for Empowering Young Children*, and *Healthy Young Children* are just three examples of publications whose topics were identified through accreditation as ones on which program staff needed more information and training.

Quality control of validators continues to be our greatest challenge. Validators must meet certain qualifications and be trained and retrained every three years. Although over 15 years we have trained as many as 4,000 validators, fewer than 1,500 are active. Our current policy of giving directors of accredited programs priority as validators continues to provide us with a higher caliber, more knowledgeable group of trainees on almost every occasion. However, the lack of uniform standards for early childhood professional preparation is a considerable barrier to finding and keeping qualified validators and assuring reliable

decisions. Early on, people kept insisting that we needed a longer training process for validators. We knew that even a 5- or 10-day training could not compensate for the inconsistencies in the early childhood professional development system that lead to inconsistencies in interpretation of criteria and/or observed program quality.

Our struggles with quality control of validators and directors were almost directly responsible for NAEYC's launching another major initiative in 1991, the National Institute for Early Childhood Professional Development. The National Institute's goal is to improve the quality and consistency of professional preparation programs and achieve an articulated system of early childhood professional development. The National Institute grew out of the Association's realization that unless we put similar energy and resources into promoting quality in programs that prepare adults to work with children, we will never achieve our goals for quality in programs that serve young children.

As all professions should be, the field of early childhood education is dynamic. Development of NAEYC accreditation criteria represented an important milestone for our profession, but as with any position statement of the Association, the criteria must be regularly reviewed and revised to ensure that they are current and accurate reflections of our knowledge base. The criteria were revised (NAEYC 1991) and have been in place since 1992. We initiated in the fall of 1995 another criteria revision process, which most likely will result in substantial revision to the standards and possibly the procedures.

Projections for the future

The NAEYC accreditation system continues to grow steadily, but the rate of growth it has experienced in the past may slow down in the future. In recent years the greatest growth has resulted

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We find ourselves in a frequent balancing act between exercising our responsibility to protect children and families by ensuring compliance with criteria, and at the same time acting fairly and responsibly in our relationships with programs.

from third-party-funded projects through block grants, foundation/corporation-funded projects, or through state departments of education. We anticipate that accreditation support may diminish with changes and cuts in block grants for child care. However, accreditation activity may actually increase as the country moves toward decentralization and less government regulation. Accreditation is, by definition, a private, voluntary system of regulation, presumably less expensive than government regulation. The anti-regulatory trend in the United States has important implications for NAEYC accreditation. We have already begun to see the need to work more closely with state licensing activity. If more states and other entities move toward reliance on private accreditation, our volume of work will increase and so will our liability.

In some areas of the country, where a critical mass of programs have achieved accreditation, NAEYC accreditation is a valuable marketing tool and greatly coveted. Public awareness about accreditation is increasing gradually but significantly; for example, editor-in-chief Judsen Culbreth of *Working Woman Magazine* announced on the *Today* show recently that parents should look for NAEYC-accredited programs when choosing child care.

In many ways, the Association has achieved its major goals regarding NAEYC accreditation. The system is relatively well known, respected, and valued. There is a growing body of research that substantiates the relationship between accreditation and positive outcomes for children. Evidence exists that the process of accreditation results in program improvements. The standards have become benchmark standards for the entire field and often influence licensing regulations or funding guidelines. This is the good news, but there is related bad news.

As NAEYC accreditation increases in value, our actions and decisions assume high stakes. The higher the stakes, the more likely programs are to seek NAEYC accreditation for the marketing value alone, thus leading to less time spent on self-study and improvement, higher rates of deferral (which increase NAEYC's costs), increased numbers of complaints from programs and parents, and, to put it bluntly, more cheating. As directors perceive that their programs must be accredited to compete, NAEYC's risk of liability for antitrust violations increases. Thus the integrity, consistency, and fairness of our procedures become even more important. Likewise, as more parents use accreditation in making decisions about programs for their children, our risk of liability in a case of child injury increases.

We find ourselves in a frequent balancing act between exercising our responsibility to protect children and families by ensuring compliance with criteria, and at the same time acting fairly and responsibly in our relationships with programs so as not to falsely harm reputations or act in restraint of competition. The risks of antitrust violation became more apparent this year when the American Bar Association lost an antitrust lawsuit over their inclusion of faculty salary standards in their accreditation system for law schools. NAEYC members have pressured us for many years to include staff salary standards in our accreditation system, but such a change in our criteria now would leave the Association dangerously liable for impeding competition in the already tight child care market. During this past year we have engaged in a systematic review of our policies and procedures to minimize the Association's risks, while also strengthening the validity of our decisions.

Although we still receive complaints from accredited programs that we do not do adequate public education about accreditation, we have been sufficiently effective in promoting NAEYC's accreditation, so as to force other groups who do not wish to join us to compete with us. At least two other accrediting bodies now exist with overlapping missions to ours. In addition, a school-age child care accreditation system (which will have some overlap with ours) is in the works. The advantage of competing accrediting bodies is that such competition protects us from antitrust accusations in situations in which accreditation is mandated for operation or funding. The obvious disadvantage is the resulting confusion for con-

Figure 2. Programs Enrolled in the NAEYC Accreditation Process, January 1996

	Accredited	Self-Study
United States, territories, and commonwealths		
Alabama	32	67
Alaska	14	21
Arizona	112	304
Arkansas	26	51
California	417	682
Colorado	120	154
Connecticut	212	316
Delaware	16	37
District of Columbia	29	79
Florida	324	758
Georgia	117	230
Guam	1	1
Hawaii	24	59
Idaho	9	17
Illinois	194	404
Indiana	47	105
Iowa	75	151
Kansas	46	89
Kentucky	80	149
Louisiana	36	68
Maine	10	20
Marshall Islands	0	1
Maryland	57	160
Massachusetts	370	540
Michigan	103	196
Minnesota	185	221
Mississippi	33	54
Missouri	29	61
Montana	11	6
Nebraska	14	37
New Hampshire	25	62
Nevada	6	16
New Jersey	107	261
New Mexico	35	53
New York	198	401
North Carolina	103	213
North Dakota	9	20
Ohio	155	269
Oklahoma	39	63
Oregon	27	69
Pennsylvania	116	269
Puerto Rico	1	1
Rhode Island	12	25
South Carolina	48	103
South Dakota	3	6
Tennessee	79	120
Texas	338	723
Utah	12	18
Vermont	27	46
Virginia	172	313
Washington	84	164
West Virginia	9	9
Wisconsin	98	260
Wyoming	15	38
Other countries		
Belgium	0	1
Germany	39	46
Greece	0	1
Iceland	1	0
Italy	2	6
Japan	9	27
Netherlands	0	2
Panama	4	2
Portugal	1	0
South Korea	3	3
Spain	0	1
Turkey	2	1
United Kingdom	5	3

Total: 13,258 programs from 54 U.S. states, territories, and commonwealths; and 13 other countries—4,527 accredited and 8,731 in self-study

The greatest frustration of the last decade has been that the early childhood profession has evolved a much clearer concept of what quality is in early childhood programs and even what it costs but still cannot begin to figure out how to pay for the full cost of quality.

sumers who have enough difficulty understanding accreditation without being expected to discriminate among different systems.

We have learned a great deal during the last decade and have seen tremendous changes in our field during that time, some of which are, at least in part, attributable to NAEYC accreditation. For example, we no longer hear the question: What is quality child care? The recent results of the Cost, Quality, and Child Outcomes Study (1995) provide excellent data to evaluate accreditation of child care centers. To summarize those findings, accredited programs are better quality than most programs but not that much better. We may be accrediting only the best that is available or just the best that the market can purchase or perhaps not even the best that exists. We know that our vision for high quality exceeds our grasp.

Conclusion

Despite positive achievements, much work remains to be done. The crisis in the quality of child care programs in the United States is well documented (Whitebook, Howes, & Phillips 1989; Whitebook, Phillips, & Howes 1993). The number of accredited programs, although representing an impressive rate of growth, is still only a fraction of the eligible programs in the country. The system confronts the ongoing challenge of assuring reliable and valid decisions, using a changing cadre of volunteer validators. The success of NAEYC's system has led to competition from other accrediting bodies now operating or proposed. The economics of child care continue to create a trilemma—quality for children, adequate compensation for staff, and affordability for parents. Parents' perceptions about quality and their knowledge of accreditation as a tool to assist them in choosing child care are inadequate to create a national market for high-quality, accredited programs.

Perhaps the greatest frustration of the last decade has been that the early childhood profession has evolved a much clearer concept of what quality is in early childhood programs and even what it costs (Willer 1990) but still cannot begin to figure out how to pay for the full cost of quality.

At this important point in the history of NAEYC accreditation, we need to do some careful thinking about how our system needs to change internally to be more responsive to programs and parents and better able to sustain continued expansion. We also need to thoughtfully plan in relation to external events over which we have less control but must have some influence. These events include policy and regulatory changes, public awareness and demand, and financing. The crisis in quality is now well established in the research; among the solutions is accreditation. The NAEYC accreditation system itself must be prepared to respond to the potential demand when and if its power as a solution is fully realized.

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I

Effects of Accreditation

Paula Jorde Bloom

2

The Quality of Work Life in Early Childhood Programs: Does Accreditation Make a Difference?

I had an enlightening experience a few months ago—I cleaned the closet in my office. It was enlightening because I got sidetracked into sorting through 15 years of programs from educational conferences. Those conference programs provided a wonderful historical record of how the field of early childhood has changed over the years. In looking at the titles of keynote speeches, workshops, symposia, and research papers, I realized how far we have come in defining what we mean by the term "quality."

Program quality evaluation

We began the decade of the 1980s with a very vague notion of what constitutes quality. By the end of the decade, we not only had specific accreditation criteria to evaluate the components of quality, we also had a solid research base to support the importance of high-quality programming. The underlying assumption guiding the research agenda was that certain quality factors are linked to positive outcomes for children. Program quality affects children's language and cognitive development as well as their social competence and social adjustment (McCartney 1984; Goelman & Pence 1987; Phillips, McCartney, & Scarr 1987; Holloway & Reichhart-Erickson 1988). By the end of the 1980s, the message was clear: Good early childhood programs promote children's development and learning; poor programs can place children at risk.

The 1990s have seen a refinement in our understanding of the "quality" construct. Researchers have looked at the proximal and distal features of quality (Dunn 1993), different methods for measuring quality (Scarr, Eisenberg, & Deater-Deckard 1994), and the cost and economic impact of regulating quality programming (Culkin, Morris, & Helburn 1991; Cost, Quality, & Outcomes Team 1995).

A parallel line of research during these same 15 years has looked at the characteristics of teachers and administrators in child care programs. Studies have examined issues relating to training and qualifications, job satisfaction and burnout, salaries and compensation, job turnover, and the importance of the adult work environment as it relates to quality programming (Hildebrand & Seefeldt 1986; Jorde-Bloom 1988, 1989; Kontos & Stremmel

'1988; Arnett 1989; Whitebook, Howes, & Phillips 1989; Stremmel 1991; Bloom & Sheerer 1992; Stremmel, Benson, & Powell 1993; Cost, Quality, & Outcomes Team 1995). This research has been premised on the belief that we cannot have quality outcomes for children without having a quality work life for the adults who care for children. The research is unequivocal in this area; teachers' wages, their education and specialized training, and the adequacy of their working conditions are critical determinants of program quality. In the words of the National Child Care Staffing Study, "By failing to meet the needs of the adults who work in child care, we are threatening not only their well-being, but that of the children in their care" (Whitebook, Howes, & Phillips 1989, 3).

Organizational climate as a measure of program quality

Early childhood centers differ in subtle and abstract ways relating to the quality of work life for employees. This organizational climate has been described by some theorists as the perceived "quality" of an organization (James & Jones 1974; Tagiuri 1978; Anderson 1982). Gilmer defines organizational climate as "those characteristics that distinguish the organization from other organizations and that influence the behavior of people in the organization" (1966, 57). It is influenced both by the structural components of an organization and the interactions between the individuals who work in the environment. Organizational climate is examined through a measure of the collective perceptions of all who work in a particular setting. These collective perceptions are essentially descriptive in nature. This is not to imply, however, that organizational climate is unidimensional. Many different organizational practices or variables contribute to the summary perception that people have of their work environment (Moos 1979).

The rationale for measuring climate in organizations has traditionally been viewed through the lens of productivity. The argument goes that if one can accurately assess attitudes related to climate and can structure organizational changes to improve those attitudes, then increased productivity (e.g., greater profits in business and industry and better outcomes for children in educational settings) will result. Indeed, there is considerable evidence to suggest that positive work attitudes are an accurate predictor of several school-effectiveness indicators in elementary settings (Goodlad 1983; Rosenholtz 1989) and of child-oriented practices that are indicative of quality in early childhood settings (Berk 1985; Ekholm & Hedin 1987). But as Goodlad so forcefully argues, the antiquated factory model of productivity that seeks to establish a causal link between positive work attitudes and higher levels of productivity in the workplace is misguided and needs to be replaced. Practices should be humane in their own right.

While several instruments have been developed to assess organizational climate in business and industry and in elementary and secondary educational settings, until the mid-1980s, little attention was given to the situation-specific demands of early childhood work environments as they relate to center climate. The development of the Early Childhood Work Environment Survey (ECWES) in 1985 was based on the need for a standardized instrument that could describe and differentiate child care settings along several dimensions and could serve as a useful tool for early childhood practitioners wishing to monitor and improve their work climate (Bloom 1996). The survey measures the collective perceptions of employees regarding different organizational practices across 10 dimensions. Table 1 provides a brief description of these dimensions.

Program quality and accreditation status

Although there has been little empirical research that addresses the question of whether accreditation results in better outcomes for children (Bredekamp 1993), there is ample anecdotal evidence that the accreditation self-study process promotes positive changes in programs and those changes have been linked to beneficial outcomes for both children and staff (Carter 1986; Bundy 1988; Herr, Johnson, & Zimmerman 1993). In a study of 106 directors of accredited programs, Herr, Johnson, and Zimmerman note that the component areas of evaluation, curriculum, and administration were reported as having improved the most as a result of the self-study process. In the evaluation component, the self-study process forces programs to examine assessment practices at multiple levels and for multiple constituencies. In the curriculum

Table 1. The Ten Dimensions of Organizational Climate

Dimension	*Definition*
	The extent or degree to which
collegiality	staff are friendly, supportive, and trusting of one another–peer cohesion and esprit de corps of the group
professional growth	emphasis is placed on personal and professional growth and opportunities are available to increase professional competence
supervisor support	facilitative leadership provides encouragement, support, and clear expectations
clarity	policies, procedures, and responsibilities are clearly defined and communicated
reward system	fairness and equity exist in the distribution of pay, fringe benefits, and opportunities for advancement
decisionmaking structure	autonomy is given to staff and staff are involved in making centerwide decisions
goal consensus	staff agree on the goals and objectives of the center
task orientation	emphasis is placed on good planning, efficiency, and getting the job done
physical setting	spatial arrangement of the center helps or hinders staff in carrying out their responsibilities
innovativeness	the center adapts to change and encourages staff to find creative ways to solve problems

Source: The Early Childhood Work Environment Survey (ECWES).

component, directors report that they make improvements in classroom organization, planning, and cultural activities for children. In the administrative area, directors indicate that improvements occur through the development of written goals, policies, and handbooks. They also mention improved communication between administration and staff as a result of their participation in the self-study process.

There is an accumulating body of research that suggests that accredited centers are distinctively different from nonaccredited centers (Bredekamp 1993). When data from a U.S. General Accounting Office study of 208 accredited centers (Powell et al. 1994) is compared to other national samples (Whitebook, Howes, & Phillips 1989; Willer et al. 1991), it appears that accredited programs not only pay their teachers more, but they also provide a more comprehensive benefits package. An analysis of 14 centers in the original sample of the National Child Care Staffing Study (Whitebook, Howes, & Phillips 1989) and of an additional 11 accredited centers in the four-year follow-up study (Whitebook, Phillips, & Howes 1993) found that accredited centers had better-trained staff, paid higher wages, had lower staff turnover, and provided more developmentally appropriate activities and higher quality caregiving for children than did nonaccredited centers.

Organizational climate and accreditation status

A study of 103 centers in Illinois (Jorde-Bloom 1989) revealed a significant relationship between the quality of a program (as measured by accreditation criteria) and the program's overall organizational climate. The staff at high-quality programs held more positive perceptions about their work environment. Higher-quality programs also had lower turnover rates. The Illinois study used only a global measure of organizational climate, however, and it did not include a direct, separate analysis of programs by accreditation status. Pope and Stremmel (1992) conducted a study of 27 centers that examined differences in 10 dimensions of organizational climate between accredited and nonaccredited programs. They found that the two NAEYC-accredited programs in their sample rated significantly higher in the dimensions of

decisionmaking, goal consensus, physical setting, and clarity than did those that were not accredited.

The present study, delineated below, was designed to provide additional data regarding differences in the work environments of accredited and nonaccredited centers. Specifically, it sought to answer the following questions:

1. Are there significant differences between workers' perceptions of organizational climate in accredited and nonaccredited centers? And if so, what pattern of organizational practices best predicts these differences?
2. Are differences in accredited status reflected in workers' level of organizational commitment and staff turnover?
3. Do workers in accredited and nonaccredited programs report different levels of current and desired decisionmaking influence?

Method

This was a causal-comparative study seeking to assess differences in the quality of work life between accredited and nonaccredited centers.

Sample

This study included 5,008 directors, teachers, and support staff who worked in 380 child care centers in 33 states. These centers were selected from programs that had completed The Early Childhood Work Environment Survey (ECWES) during the past six years and had received a Work Environment Profile from the Early Childhood Professional Development Project of National-Louis University. Only programs providing center-based care and having a minimum of five staff were included in the sample. Furthermore, only employees who worked more than 10 hours per week were included in the data analysis.

Table 2 provides background information on the centers, including a distribution by program type (part-day vs. full-day), legal auspices (nonprofit vs. for-profit), sponsorship (directors indicated one of eight categories that best described their programs), and NAEYC accreditation status. This table also provides information on three indices of center size: total student enrollment; total number of administrative, teaching, and support staff; and total number of teaching staff.

Approximately one-half of the directors/administrators of the programs in the sample volunteered their center's participation; the other half were centers

***Table 2.* Background Characteristics of Centers Studied for Quality of Work Life (*N* = 380)**

	n	% of total centers
Program type		
part-day	58	15
full-day	322	85
Legal auspices		
for-profit	54	14
nonprofit	326	86
Sponsorship		
private proprietary/partnership	28	7
corporation/franchise	26	7
private nonprofit (e.g., agency)	109	29
public school-affiliated	17	5
military	8	2
Head Start	150	39
church-affiliated	31	8
university-affiliated	11	3
NAEYC accreditation status		
accredited	60	16
nonaccredited	320	84

	M	*S.D.*	Range
Total enrollment of center	98.74	70.06	24-694
Total staff at center (administration, teaching, and support)	17.07	11.29	5-84
Total teaching staff at center	12.81	8.75	2-78

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from multisite agencies, with the governing board or agency administrator making the decision on participation. While the sample reflects the full spectrum of quality in the field, the average quality of these programs is probably slightly higher than that of the entire field. Directors who volunteer their program's participation are usually those who are interested in improving program practices and have taken the initiative to request a Work Environment Profile as one step in the center-improvement process. There are many child care programs represented in the lower ranges of the quality spectrum that do not have the center leadership to initiate that process. These programs are not adequately represented in this sample.

Measures and procedures

The ECWES (Bloom 1996) was used to assess workers' perceptions of 10 dimensions of organizational climate. This instrument consists of 100 items that measure these 10 dimensions. The possible range of scores for each climate subscale is 0–10. A low score on any subscale represents unfavorable perceptions; a high score represents favorable perceptions. The instructions to the climate subscales ask respondents to check all items that describe their work environment "most of the time." Thus, each of the items registers the degree of agreement with a specific statement. To control for response set, many of the items are

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***Table 3.* Comparison of NAEYC-Accredited and Nonaccredited Centers**

Scales	Non-accredited (n = 320) *M*	NAEYC-accredited (n = 60) *M*	*F*
Organizational climate			
collegiality	6.64	7.26	10.11 ***
professional growth	5.28	6.45	41.86 ***
supervisor support	7.26	7.96	14.21 ***
clarity	6.25	7.31	33.89 ***
reward system	6.23	6.99	21.34 ***
decisionmaking structure	6.87	7.63	16.34 ***
goal consensus	6.73	7.74	35.42 ***
task orientation	7.04	7.65	12.00 ***
physical setting	6.93	7.43	7.42 **
innovativeness	6.57	7.67	45.49 ***
Total	65.80	74.09	38.67 ***
Overall climate			
congruence with ideal work environment	7.07	7.44	7.58 **
commitment	7.37	7.77	9.29 **
decisionmaking influence			
current	5.91	6.64	15.42 ***
desired	7.92	8.38	11.98 ***
Percent turnover	.24	.17	3.86 *

* = $p < .05$; ** = $p < .01$; *** = $p < .001$.

worded negatively. For unfavorable statements, the scoring is reversed.

Internal consistency (Cronbach's alpha) for the ECWES is .95 for the entire scale, with individual subscale coefficients ranging from .69 (professional growth) to .83 (supervisor support). Additional information regarding the reliability and validity of the Early Childhood Work Environment Survey can be found elsewhere (Bloom 1990; Pope & Stremmel 1992).

The survey instrument also includes several other scales. Data from three of these scales (see Table 3) were included in this study: workers' level of commitment to the center, the degree of congruence between workers' perceptions of current work environment and their ideal work environment, and the degree of teachers' current and desired decisionmaking influence. The scores on each of these three scales range from 0 to 10.

Data regarding background characteristics of the centers (program type, ages served, hours, legal auspices, enrollment, staff composition, staff turnover, and accreditation status) were elicited from the directors of the centers via a separate questionnaire accompanying the staff surveys. The directions in the survey cover letter recommended that the director assign a staff member to oversee the distribution and collection of surveys. Staff were given blank envelopes in which to return their surveys so that confidentiality could be preserved.

Results and discussion

This section summarizes the results of the data analysis and interprets the findings. Implications for educational policy and practice are discussed.

Characteristics of accredited centers

The 60 accredited centers in this sample represented 784 directors, teachers, and support staff. The sample was predominately female (96%). Fifty-two (87%) of the accredited centers offered full-time care. All of the programs served preschool-age children; many also served infants and toddlers or provided before- and after-school care for school-age children. Eighty percent of the centers were nonprofit. The two most frequently cited categories in terms of sponsorship were

private, independent nonprofit (28%) and Head Start (28%). The average enrollment was 97 children; the average total staff was 17.

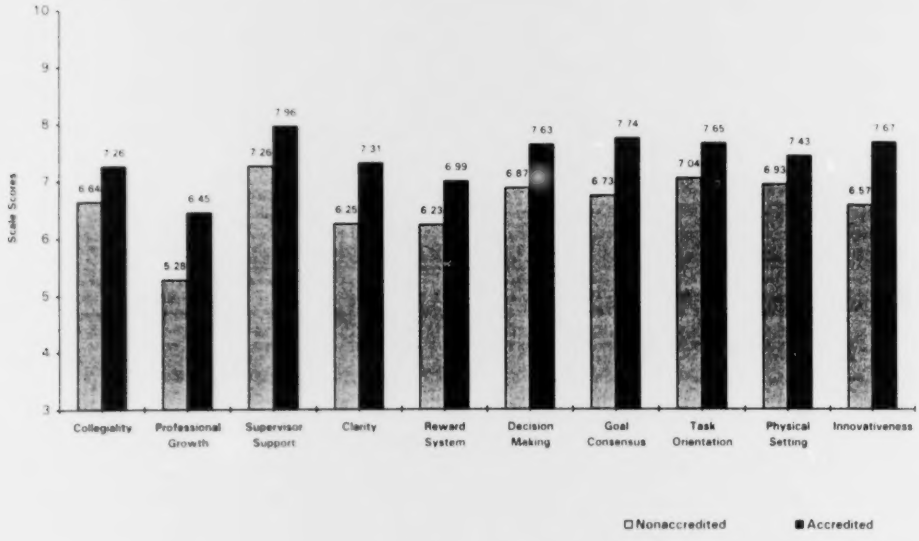
A preliminary analysis of the data was conducted to ascertain if the two groups (accredited and nonaccredited) were evenly matched with respect to their centers' background characteristics. No significant differences surfaced for program type, legal auspices, sponsorship, or size, using all three indices (total enrollment, total staff, and total teaching staff).

Differences in organizational climate in accredited and nonaccredited centers

Since organizational climate is conceptualized as a center variable, the unit of analysis for this study was the center. A series of one-way analysis of variance (ANOVA) procedures were conducted to discern if there were statistically significant differences in the 10 dimensions of organizational climate and the global overall climate that might be attributed to accreditation status (accredited $n = 60$; nonaccredited $n = 320$). As Table 3 summarizes, there are statistically significant differences between the two groups in all 10 dimensions of organizational climate as well as overall climate. In nine of the organizational climate dimensions, the level of statistical significance exceeds the .001 level. Directors, teachers, and support staff in accredited programs had more favorable attitudes about the organizational climate of their centers. The bar graph "Comparison of Organizational Climate" demonstrates these differences in the aggregate center scores. We can interpret from these results that either the programs were higher quality prior to seeking accreditation or the self-study process of accreditation had a positive impact on workers' attitudes about their programs.

In addition to the questions pertaining to each of the dimensions of organizational climate, respondents were also asked to rate on a Likert-type scale how their current work environment resembled their ideal work environment. The resulting congruence-with-ideal score reflects the average rating on this scale. The results of the data analysis show that there are statistically significant differences ($p < .01$) between accredited and nonaccredited programs (see Table 3), indicating that the work environment for early childhood educators in accredited programs more

Comparison of Organizational Climate in Centers by Accreditation Status



Nonaccredited: $n = 320$ centers, 4,224 respondents; accredited: $n = 60$ centers, 784 respondents.

nearly approached their ideal than did the environment for those in nonaccredited programs.

Because there is some colinearity between the different dimensions of organizational climate (Bloom 1990; Pope & Stremmel 1992), a discriminant analysis was conducted on the 10 climate subscales across the two program groups. Discriminant analysis determines which climate subscales, taken together as a set, best differentiate accredited and nonaccredited centers. Results of the analysis yielded one factor that discriminated significantly between the two groups. Table 4 reports the standardized canonical discriminant function coefficients. This function accounted for 75% of the cases being classified correctly. Positive coefficients increase the discriminant-function value and tend to be associated with accredited programs. If we look closely at four areas that together best differentiate the two program types (innovativeness, goal consensus, opportunities for professional growth, and clarity), some insights may be gleaned as to why the accreditation process might impact workers' perceptions in positive ways.

Table 4. **Climate Subscales Best Differentiating Accredited and Nonaccredited Programs Based on Discriminant Analysis**

Organizational climate subscales	Standardized coefficients
innovativeness	.59
goal consensus	.43
professional growth	.34
clarity	.34
task orientation	-.26
supervisor support	-.15
collegiality	-.14
decisionmaking structure	-.10
physical setting	-.09
reward system	-.08

Innovativeness. The directors, teachers, and support staff of the accredited centers in this study more frequently said that their programs emphasized creativity, encouraged diverse opinions, and looked at new educational approaches than did the staff of nonaccredited centers. Because innovativeness implies change and a willingness to take risks, it is easy to see why the staff of the accredited centers perceived their programs to be more innovative. The anecdotal evidence from directors seeking accreditation highlights the change aspects of the accreditation process (Carter 1986; Bundy 1988; Herr, Johnson, & Zimmerman 1993). Indeed, the goal of accreditation is to "provide an opportunity for the entire staff and the parents they serve to examine the program's operations and identify strengths and weaknesses" (NAEYC 1991, 6). Accreditation provides a framework for the change process—an opportunity to establish the norms of continuous improvement that characterize high-quality early childhood programs.

The degree of innovativeness of a school is linked to quality outcomes in other educational settings (Fullan 1991). In examining differences in effective and less-effective high schools, for example, Lightfoot (1983) found that what distinguished exemplary schools was their "consciousness of imperfection"—their willingness to look at their imperfections and create a climate of continual improvement. Little (1982) discusses the workplace conditions that foster school success. She states that when quality is viewed as a process, not an end product, teachers engage in frequent, continuous, and precise talk about teaching practices. They plan, design, research, prepare, and evaluate teaching materials together. But most important, they have built-in mechanisms that allow them to regularly reflect on their performance, evaluate feedback, and examine new and alternative practices.

The results of this study confirm that staff who work in accredited programs see change not as something to be avoided but rather as a vital and necessary ingredient of a high-quality early childhood program. For some of these programs, it is possible that the mechanisms for center evaluation and improvement were already in place before they initiated the accreditation process; for others, the self-study format provided the framework for change and center improvement.

Goal consensus. Goal consensus measures the degree to which staff agree on the goals and

educational objectives of the center. Simply put, it measures the extent to which there is a common vision for the program. Goal consensus is crucial because it directly affects the organization's ability to carry out its mission (Rosenholtz 1989). Educational goals establish priorities—what we want children to do, to be, or to have as a result of their early childhood experience. Differences in socioeconomic status, cultural traditions, education, and experience among staff provide richness and diversity to programs, but they also contribute to differences in value orientations. Goal consensus, thus, also reflects the ability of staff to compromise and work out differences so that they can achieve a common vision.

The results of this study indicate that early childhood educators working in accredited centers believe their programs have well-defined and agreed-upon educational goals and objectives and that their colleagues share a common vision of what their center should be like. Staff at nonaccredited programs, on the other hand, more frequently report that goals are left vague and people disagree on what should be taught to children. It is possible that the self-study process provides the impetus for goal consensus by encouraging staff to examine program philosophy and educational objectives to ensure consistency between what the center says it does in its written documents and what it actually does in practice.

Previous research provides some clues as to how goal consensus may influence the quality of teaching practices and overall program effectiveness. In the elementary setting Rosenholtz (1989) found that ambiguous goals and a lack of unifying purpose lead to greater instructional uncertainty. In settings with these characteristics, Rosenholtz says that teachers tend to define and independently pursue their own goals. This reinforces norms of self-reliance rather than norms of collaboration. The result is reduced professional interaction and substantive dialogue by teachers about their work. Rosenholtz concludes that teachers in these settings often feel isolated and are reluctant to admit when they need help. Because goal-setting activities often accentuate those instructional objectives toward which teachers should aim their improvement efforts, they compel teachers to request and offer advice and assistance in helping their colleagues improve.

A certain "consciousness about practice" seems to occur when teachers go through the self-study process of accreditation.

Opportunities for professional growth. Because research has demonstrated a strong link between the professional qualifications of staff and positive outcomes in children (Berk 1985; Arnett 1989; Whitebook, Howes, & Phillips 1989; Cost, Quality, & Outcomes Team 1995), the accreditation criteria include a separate component for staff qualifications and development. The results of this study show that accredited centers tend to place a higher priority on the professional development of teachers than do nonaccredited centers. They structure more opportunities for teachers to expand their knowledge base and widen their repertoire of new skills and competencies. Teachers at accredited centers receive more release time to attend professional conferences and visit other schools. Teachers are reimbursed more often for taking college courses. More accredited than nonaccredited programs have implemented a career ladder for professional advancement.

It is not difficult to see why the self-study process of accreditation might have a strong impact on this dimension of organizational climate. While many centers provide opportunities for the professional development of staff, those opportunities are often haphazard. Teachers frequently are unaware of what others are doing, and little encouragement is given for sharing ideas and resources. The self-study process of accreditation often forces programs to formalize their staff development plan and document how training is geared to meet the individual needs of teachers.

In addition, a certain "consciousness about practice" seems to occur when teachers go through the self-study process. Bundy's account of her center's journey through the accreditation experience captures this kind of professional self-reflection. She states,

> I'm doing more careful written plans. I listen to myself as I talk to the children. I'm trying to ask more open-ended questions. I'm surprised at how often I ask yes-or-no questions that can be answered with one word, and I'm trying to change that. (1988, 28)

Clarity. The anecdotal data gathered regarding the benefits of accreditation (Carter 1986; Bundy 1988; Herr, Johnson, & Zimmerman 1993) illuminate the many ways the self-study process encourages programs to clarify policies and procedures and to improve communication. It is not surprising, then, that the respondents from accredited centers reported more favorable attitudes in this dimension of organizational climate than did those who worked in nonaccredited centers. More accredited centers than nonaccredited centers distributed a parents' handbook, developed a staff manual outlining personnel policies, prepared written job descriptions and contracts for employees, and distributed a center newsletter to parents. Moreover, the staff of accredited centers more frequently indicated that the policies and procedures at their centers were well defined, staff were well informed, written communication was clear, and conflicting demands were seldom made on staff. The findings of this study support previous research by Stremmel, Benson, and Powell (1993), which found that the frequency of communication at a center (e.g., the number of staff meetings it had) contributed to positive work attitudes.

Differences in commitment and turnover in accredited and nonaccredited centers

As expected, the results of the data analysis revealed a strong and statistically significant correlation between job commitment and overall organizational climate ($r = .66$, $p < .001$) for the entire sample. Those centers with a better quality of work life had staff who expressed greater pride in their centers, felt more committed to their programs, and put a lot of extra effort into their work. It appears that accreditation status may be a strong predictor of higher levels of job commitment. The results of the data analysis revealed statistically significant differences in the level of job commitment between early childhood workers at accredited and nonaccredited programs ($F[1, 378 = 9.29$, $p < .01$). Directors, teachers, and support staff at nonaccredited programs indicated more frequently that they felt trapped in their jobs, were just "putting in time," or often thought of quitting.

Although not nearly as strong, the results of the data analysis also revealed statistically significant differences in turnover between the two types of programs ($F[1, 378] = 3.86$, $p < .05$). (Turnover in this study included administrative, teaching, and support staff, not just teachers.) The mean percentage turnover rate at accredited programs was 17% compared to 24% at nonaccredited programs (see Table 3). Of the accredited programs, 22% indicated they had had no staff turnover during the preceding 12 months. This compared with 14% of the nonaccredited programs.

For the entire sample, there was a low but statistically significant negative correlation between turnover and commitment ($r = -.25$, $p < .001$) and between turnover and overall organizational climate ($r = -.16$, $p < .01$). The results of this study support previous research showing that turnover is also strongly influenced by other factors, such as the worker's actual rate of compensation in terms of pay and benefits, the prevailing wage in the community, and the availability of alternative employment (Robinson 1979; Whitebook, Howes, & Phillips 1989; Russell, Clifford, & Warlick 1990; Stremmel 1991). Quality of work life, although important, is only one factor having impact on a child care worker's decisions to leave a center for another job in early childhood education or a different field altogether.

Differences in decisionmaking influence in accredited and nonaccredited centers

Respondents were asked to indicate the degree of current and desired decisionmaking influence teachers had in five areas: ordering materials and supplies, interviewing and hiring new staff, determining program objectives, training new aides and teachers, and planning the daily schedule of activities. As Table 3 indicates, respondents at accredited centers rated teachers' current level of decisionmaking influence higher than did teachers at nonaccredited centers ($M = 6.64$ vs. $M = 5.91$, $p < .001$). Differences in reported levels of desired decisionmaking influence were also statistically significant ($M = 8.38$ vs. $M = 7.92$, $p < .001$). In 371 (98% of all) centers, staff indicated that teachers wanted more decisionmaking influence than they currently had. In nine of the nonaccredited centers, staff indicated that they actually had more decisionmaking influence than they wanted. There was not a single case in the accredited centers in which staff had more decisionmaking

influence than they wanted. The staff of accredited centers report that teachers have more decision-making influence, but they want even more influence than they have. It is possible that the accreditation process increases teachers' expectations for involvement in different types of center decisions.

Previous research in the area of shared decisionmaking provides some insights into why this might be the case. Rosenholtz stresses that norms of shared decisionmaking "do not spring spontaneously out of teachers' mutual respect and concern for each other" (1989, 44). Rather, those in charge (e.g., directors in child care centers) must structure the workplace conditions to foster genuine and sustained involvement in schoolwide decisions. When such norms are established, it is possible that teachers' own sense of self-efficacy is enhanced. Empowerment breeds willingness to take risks to increase one's level of involvement. It is possible that the framework provided by the self-study process of accreditation does just that. Because accreditation is a centerwide endeavor, its success depends on the involvement of the entire staff. Involvement in the center's self-study phase of accreditation may provide the vehicle for genuine input by staff that reinforces the importance of involvement and the staff's unique competence in solving the problems they have identified. This process may be the driving force for creating stronger expectations for sustained involvement.

Conclusion

Even with the limitation that the average quality of the programs in this sample probably represents a slightly higher level than that of the total market for early childhood programs, the results still revealed notable differences between accredited and nonaccredited programs, relative to the quality of work life for staff. In all 10 dimensions of organizational climate, there were statistically significant differences between accredited and nonaccredited programs. The four dimensions that together accounted for the greatest variation in differences were innovativeness, goal consensus, clarity, and opportunities for professional growth. Statistically significant differences were also registered in staff's level of job commitment, staff turnover, and teachers' current and desired levels of decisionmaking influence.

Involvement in the center's self-study may provide the vehicle for genuine input by staff that reinforces the importance of involvement and the staff's unique competence in solving the problems they have identified.

* * *

While the results of this study allow one to confidently conclude that the quality of work life in accredited and nonaccredited centers does differ significantly, they do not provide incontrovertible evidence that it is the accreditation process itself that actually *causes* staff's perceptions of their center's climate to be more positive. Additional research is needed to further clarify the cause-and-effect relationship of these variables. There is some anecdotal evidence suggesting that the accreditation process transforms programs from the inside out, making staff active partners in program improvement activities. Future research needs to examine just how the self-study framework supports directors in their efforts to empower staff and increase their commitment to the center.

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3

The Effects of Accreditation on Care in Military Child Development Centers

In November 1989 the U.S. Congress passed the Military Child Care Act (MCCA) as part of the National Defense Authorization Act for 1990 and 1991. The goals of the new law were to improve the quantity and quality of child care services in the military. An additional aim of the act was to standardize the delivery and quality of care across installations and military services, which in 1989 varied considerably. A unique aspect of the act was its focus on program accreditation, described below.

Background

Much of the MCCA focused on changes to be made in staffing, training, compensation, and funding. But the act also contained a provision that required at least 50 military child development centers (CDCs) to be accredited in accordance with the standards of a national accrediting body for early childhood programs, with accreditation to be completed by June 1, 1991. The 50 accredited CDCs were to serve as a demonstration program from which other nonaccredited centers could learn about best practice. An independent organization was to evaluate the effect of accreditation on child outcomes. This evaluation would compare child outcomes in accredited and nonaccredited centers. Study data would shed light on the effects of accreditation and address the desirability of mandating that all military CDCs be accredited.

Congress's intention to assess the benefits of accreditation was stymied by several realities inherent in the passage of the MCCA. In particular, the requirement that the accreditation of the first 50 CDCs be completed by June 1, 1991, led to the inclusion of a disproportionately high number of already high-quality and exemplary centers in the initial accreditation group.

Given the biased nature of the demonstration program centers, a study of the effects of accreditation

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on child outcomes could not authoritatively determine accreditation's value. Thus, Department of Defense (DOD) staff concluded that the cost of implementing such a large-scale study was not justified.

Study design

Given these realities, staff at RAND, a nonprofit policy research institution, and DOD's Personnel Support, Families and Education (PSF&E) staff developed an accreditation research plan of more limited scope. The study design employed a variety of different methods that together converged to assess the effect of accreditation on CDC operations and outcomes.

The specific study objectives were to (1) analyze the accreditation process, (2) examine the effect of accreditation on CDC staff, (3) explore the perceived effect of accreditation on child outcomes, and (4) assess the incremental value of accreditation over the benefits associated with DOD certification. Certification is granted when unannounced inspections confirm that a program is operating in compliance with DOD standards.

To achieve the objectives, the study design used three different data sources:

1. relevant military documents and materials from the National Association for the Education of Young Children (NAEYC), whose National Academy of Early Childhood Programs at that time offered the only set of standards for early childhood programs that lead to national accreditation (Hayes, Palmer, & Zaslow 1990);

2. data collected from a worldwide mail survey of 245 child development (CD) directors, who include the persons in charge of child development services on installations and, as such, oversee those who direct individual CDCs; and

3. one-on-one interviews with respondents from 17 local military installations and 4 major commands, including military personnel, CDC employees, parent users of child care, and kindergarten teachers.

The installation sample was chosen to reflect a range of MCCA implementation and accreditation experiences. Installations were categorized according to the presence or absence of at least one accredited center. Those installations with one or more accredited centers were further divided into early, middle, and late accreditors, according to the date of accreditation of the first center.

DOD certification and NAEYC accreditation

The MCCA established a program of four annual unannounced inspections of each child development program to ensure compliance with statutory requirements. If inspection reports confirm that a program is operating in compliance with military standards, DOD issues a one-year certification.

Inspections rely on a detailed certification checklist that comprises 13 parts: facility and fire requirements, the program, staff-per-child ratios and group sizes, child abuse prevention, staff training and qualifications, food services, funding, certification/inspections, parent participation, health and sanitation, other safety standards, family day care, and school-aged child care. Each of these categories is rated on a three-point scale: compliance, partial compliance, and noncompliance.

NAEYC standards that must be met before a program is accredited incorporate two types of indicators: structural elements, such as group size, caregiver-to-child ratio, caregiver training, available space, and equipment (e.g., Roupp et al. 1979; Fosburg 1981; Berk 1985); and indicators of children's daily experiences in care, such as how the caregiver and child interact (e.g., Carew 1980; Anderson et al. 1981; Rosenblith 1992). Of the two indicator categories, the latter is more closely linked to developmental outcomes (Belsky 1984; Bredekamp 1986).

The accreditation process

For the most part, the accredited centers in our sample embarked upon the NAEYC accreditation process at the behest of major command representatives or others in the CDC hierarchy. The accreditation process proved to be time consuming and labor intensive. Mail survey respondents reported that on the average the initial accreditation process activities took place during regular work hours.

Training-and-curriculum specialists, people employed in each CDC to supervise staff training and curriculum development, were universally considered critical to the accreditation process. Since this specialist position was created by the MCCA, there is little doubt that widespread accreditation of CDCs would have been very difficult, if not impossible, to achieve before the implementation of the legislation.

Accreditation effects

The effect of accreditation was judged by nearly all to be overwhelmingly positive. Both mail survey respondents and CDC staff interviewed in person reported a large number of beneficial effects of accreditation. The most frequently cited benefit among survey respondents was higher staff morale and pride. The second most frequently cited set of benefits related to program improvements, such as better-defined goals, higher-quality care, and more innovative programs. Greater respect and approval from either the civilian or military community was also frequently cited as a valuable benefit of accreditation. Improved child outcomes were cited by fewer respondents than the other benefits but still by more than half. Thus, more than half of the survey respondents cite eight different types of benefits of accreditation (see table "Survey Responses").

The most significant effect of accreditation was evidenced in the centers' caregiving activities. Self-study resulted in more child-initiated activities, and also in activities better suited to particular age groups. Other improvements following from accreditation included the acquisition of better equipment, both indoor and out, as well as improved learning centers. The prestige of NAEYC accreditation and the recognition for having met a nationally recognized standard were the benefit most frequently reported by center staff interviewed.

Some CDCs facilitated improved caregiver interactions with children by making significant changes in policies and operations, such as fewer group transitions during the day as group sizes declined. Most parents thought that accreditation through NAEYC was a good thing, even though few were attuned to the details of the process. Most CDC staff believed that the quality of care had substantially increased because of an accreditation process that stressed overarching goals and staff training and empowerment.

Although we asked CDC staff directly, they had difficulty describing the effects of accreditation on child outcomes. For most, there was a sure sense that children had benefited and continued to benefit from accreditation. But most of these benefits were inferred—from better equipment, more group stability over the course of the day, higher staff morale, and a clearer sense of key, delivery goals.

Commanders, command representatives, and Morale, Welfare and Recreation (MWR) directors and service commanders at the installations visited by RAND expressed a wide range of opinions on the accreditation process. Most favored accreditation, despite a lack of knowledge about accreditation requirements.

Views and attitudes among those individuals who did not support accreditation could be characterized as ranging from skeptical to openly hostile. They argued that the costs in staff time outweighed any benefits that could be had through meeting accreditation standards. Since these individuals saw neither the need for nor additional benefits from accreditation, recognition by NAEYC seemed unnecessary and amounted to overkill in child care regulation.

Survey Responses on the Effects of Accreditation (*N* = 80)

Reported benefits/changes	*% Reporting benefit/change*	*Number of responses*
Higher staff morale or pride	93	74
Better-defined goals	88	70
Higher-quality care	79	63
Greater respect in the military community	75	60
Greater respect in the civilian community	73	58
More-innovative or child-centered program	70	56
Approval from superiors in the military	69	55
Improved child outcomes	60	48
Greater parent involvement	41	33
Disapproval from superiors in the military	3	2

Discussion of results

The study results indicated that the accreditation process is both time consuming and labor intensive. To a large extent, the most time-consuming and difficult problems that had to be overcome during the initial accreditation process were facility deficiencies. CDC coordinators who had successfully completed the

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accreditation process believed that accreditation was doable as long as there was sufficient command support to make the changes identified in the self-study process.

The effect of accreditation was judged by nearly all as overwhelmingly positive. The most frequently cited benefit among survey respondents was higher staff morale and pride. The second most frequently cited set of benefits related to program improvements, such as better-defined goals, higher-quality care, and more-innovative programs.

Comparison of DOD certification standards with those specified by NAEYC reveal considerable overlap. The NAEYC requirements, however, go beyond the minimum certification standards and provide very explicit instructions for staff-child interactions, curriculum content, environment, staff-parent interactions, developmentally appropriate activities, and evaluation. An advantage of accreditation over certification is that NAEYC standards expressly consider the goals of child care, rather than focusing on meeting specific requirements. In this way the accreditation process becomes oriented toward providing good quality care rather than passing a checklist of DOD requirements. As such, accreditation complements and builds upon certification standards.

Conclusions

It was not possible to directly measure the effect of accreditation on child outcomes, but there is little doubt that accreditation improves the quality of care provided, not only in those centers with lower preaccreditation quality of care but also in initially high-quality centers. The heavy focus on caregiver-child interactions in the self-study process and the emphasis on standards as a means of achieving important child-centered goals necessarily affect how caregivers interact with children, parents, and each other. Policy changes consistent with child-centered goals reinforced changes at the caregiver level in some CDCs.

In studies of child development, researchers (e.g., Hayes, Palmer, & Zaslow 1990) have found significant relationships between quality of care and child outcomes across a range of domains, including cognitive development, language skills, and social development. These studies show child-caregiver interactions to be of particular importance for child outcomes. Since accreditation is designed particularly to improve this aspect of care, it is reasonable to conclude that accreditation results in improved child outcomes, although empirical evaluation is still needed.

Respondents disagreed about whether the benefits of accreditation outweigh its cost; no one could cite data supporting his or her position. But it is clear that in many respects the implementation of the MCCA has substantially reduced the costs of accreditation. In particular, the mandated training-and-curriculum-specialist position in each CDC has provided each center with at least one person with a strong child development background who can devote a substantial portion of the workday to accreditation-related activities. MCCA-required caregiver training has increased the skill level and knowledge base of caregivers. The salary increase that caregivers won through the MCCA has increased both the quality and longevity of caregiving staff (Zellman & Johansen 1996).

Moreover, certification checklists that require many of the same physical attributes in CDCs that NAEYC-accreditation criteria specify have resulted in physical-facility improvements in many centers. Although facility improvements were cited by some respondents as a major, unfunded accreditation cost, certification requirements have essentially moved this expense out of the accreditation-cost category.

Given the minimal incremental costs for accreditation and substantial apparent benefits, we conclude that universal accreditation of CDCs is a desirable and achievable goal. Indeed, as accreditation is achieved by initially less-able CDCs, we have every reason to expect that the benefits of accreditation for children of military families will become increasingly apparent. Indeed, at this writing, all four military services have in place a policy that requires accreditation of all CDCs.

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Marcy Whitebook

4

NAEYC Accreditation As an Indicator of Program Quality: What Research Tells Us

NAEYC accreditation is an increasingly popular vehicle for achieving and verifying quality in center-based early education and care programs. Established a decade ago in response to the lack of national standards for early childhood practice and to promote efforts to improve quality within centers (Galinsky 1990), NAEYC accreditation now tops the list of strategies to upgrade services, which increasingly are identified as mediocre to poor (Whitebook, Howes, & Phillips 1989; Cost, Quality, & Outcomes Team 1995). In recent years millions of public and private dollars have been targeted toward assisting centers in achieving NAEYC accreditation. Many public and private funds have also been directed toward helping family child care homes achieve accreditation, but NAEYC is not the accrediting body for this form of service. NAEYC is one of a few organizations that promotes accreditation for centers, but it is the most widely known and most often the focus of accreditation support efforts.

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Support for projects helping centers to achieve NAEYC accreditation attracts a broad range of funders. Corporations, foundations, unions, community groups, and federal, state, and local governments have committed funds to assist programs in undertaking the self-study and validation processes fundamental to NAEYC accreditation. The accreditation support projects vary greatly in their level of funding and structure, ranging from limited efforts that provide assistance with accreditation fees and minimal support to more elaborate projects involving ongoing training, consultation and funds for the purchase of equipment, or other resources (Bjorklund 1994; Flynn & Thomas 1994) (see also in this volume, Harris, Morgan, & Sprague, Chapter 9; Goldfarb & Flis, Chapter 10). A full listing of these support projects is being developed by NAEYC's National Academy of Early Childhood Programs (NAEYC 1995); however, even a partial list contains an impressive array of players. AT&T's Family Care Development Fund has assisted over 300 centers seeking accreditation; Work/Family Directions channels IBM dollars to nearly a dozen cities where approximately 20 centers in each community partici-

The early care and education industry may well follow the precedents in the fields of health and higher education in which government has increasingly relied upon private accreditors to carry out regulatory and consumer-protection responsibilities.

pate in a support project; and the American Business Collaborative, a consortium of companies committing funds to improve child care, supports similar projects in a number of communities across the country.

In some cases, corporate and foundation dollars are mingled to support centers, as in the Hartford, Connecticut, Accreditation Project, and in other cases foundations support these efforts independently, for example, McCormick Tribune's multimillion-dollar initiative in Chicago and the smaller effort by the David and Lucile Packard Foundation in Santa Cruz, California. Several union locals in New York City, comprising the Consortium for Worker Education, and the private association, Camp Fire, Inc., in Fort Worth, Texas, have initiated accreditation support projects. Public funds directed toward accreditation support projects include federal Child Care and Development Block Grant (CCDBG) funds in Wisconsin and Virginia (where they were discontinued in June 1995; the decision by policymakers was not based on the effectiveness of the accreditation project but rather was part of a larger effort directed toward discontinuing support for a number of quality enhancement efforts supported by CCDBG funds), Community Development Block Grant Funds in Austin, Texas, and General Services Administration funds in over 100 centers established for children of federal employees throughout the country. The armed forces have promoted NAEYC accreditation in accordance with a provision of the Military Child Care Act of 1989 that required a demonstration project to determine the desirability of mandating accreditation for all military child development centers.

It is reasonable to assume that accreditation will continue to be embraced as a vehicle to supplement the limited quality assurances provided by compliance with state licensing, particularly given the dominant political climate that currently eschews government regulation and promotes voluntary efforts to address community problems. Although NAEYC accreditation blends with the current anti-regulatory mood, it also reflects at least implicit acknowledgment that the medley of uneven, more-or-less weak state regulations does not assuage the public mind regarding practices supportive of children, especially in light of media exposures of bad practices in the field. The early care and education industry may well follow the precedents in the fields of health and higher education in which government has increasingly relied upon private accreditors to carry out regulatory and consumer-protection responsibilities and to identify entities eligible to receive public funding (Havighurst 1994). Thus, as NAEYC accreditation enters its second decade, it is poised to assume even greater influence in the early education and care community. An additional positive and influential aspect of NAEYC accreditation is its applicability to early education and care programs regardless of their sponsorship or the auspices under which they are delivered. For example, not only child care but also school-affiliated pre-K and Head Start programs are seeking accreditation, which helps to break down the professional and bureaucratic boundaries between "education" and "care." This 10th anniversary provides an opportunity to take stock of the accreditation project. The discussion following summarizes the small body of empirical research about NAEYC-accredited programs, looking specifically at two issues: (1) the level of quality achieved and maintained by accredited centers and (2) the types of programs in any given community that seek and achieve accreditation.

Research on NAEYC accreditation

There is a fair degree of consensus within the early childhood field, and among policymakers and funders, that NAEYC accreditation standards represent a level of quality that surpasses the standard of care in many communities and exceeds the requirements of licensing in most states. Despite widely held beliefs about NAEYC accreditation status as an indicator of quality and the consider-

able investments by many sectors of the community in accreditation support projects, there has been limited research that independently measures the level of quality achieved and maintained by NAEYC-accredited programs.

During the development of the NAEYC accreditation criteria, research was conducted to establish their construct validity (Bredekamp 1986). Early in the Academy's history, several studies reviewed the characteristics of the first centers that participated in the accreditation process, differentiating the deferred and accredited centers with respect to the number and type of items out of compliance during validation visits (Bredekamp 1986; Bredekamp & Apple 1986). Mulrooney (1990) reviewed accreditation documents and interviewed directors to identify characteristics of the first cohort of programs to seek reaccreditation. Herr, Johnson, and Zimmerman (1993) conducted a phone survey of directors to tap their perceptions of the benefits of accreditation. Most recently, RAND (Zellman, Johansen, & Van Winkle 1994; see also Zellman & Johansen, Chapter 3) conducted a worldwide mail survey with all military child development center directors and one-on-one interviews with personnel at 17 local military installations to assess the perceived effect of accreditation on child outcomes and the center staff and the value of the accreditation process.

Taken as a group, these studies provide useful comparisons among programs seeking accreditation and information about how participants view the accreditation process. They offer little empirical evidence, however, about the quality of accredited programs. Systematic program observations of accredited centers are available from the National Child Care Staffing Study (Whitebook, Howes, & Phillips 1989) and the Cost, Quality, and Child Outcomes Study (Cost, Quality, & Outcomes Team 1995). Preliminary findings from the first phase of a study examining the quality of care among centers seeking accreditation in three California communities will eventually yield data based on observations of accredited centers and now provides information about the quality of programs engaged in the self-study process. These three studies, briefly described below, constitute the primary sources of information about accreditation discussed here and by which we can assess the extent to which accreditation status is indicative of program quality.

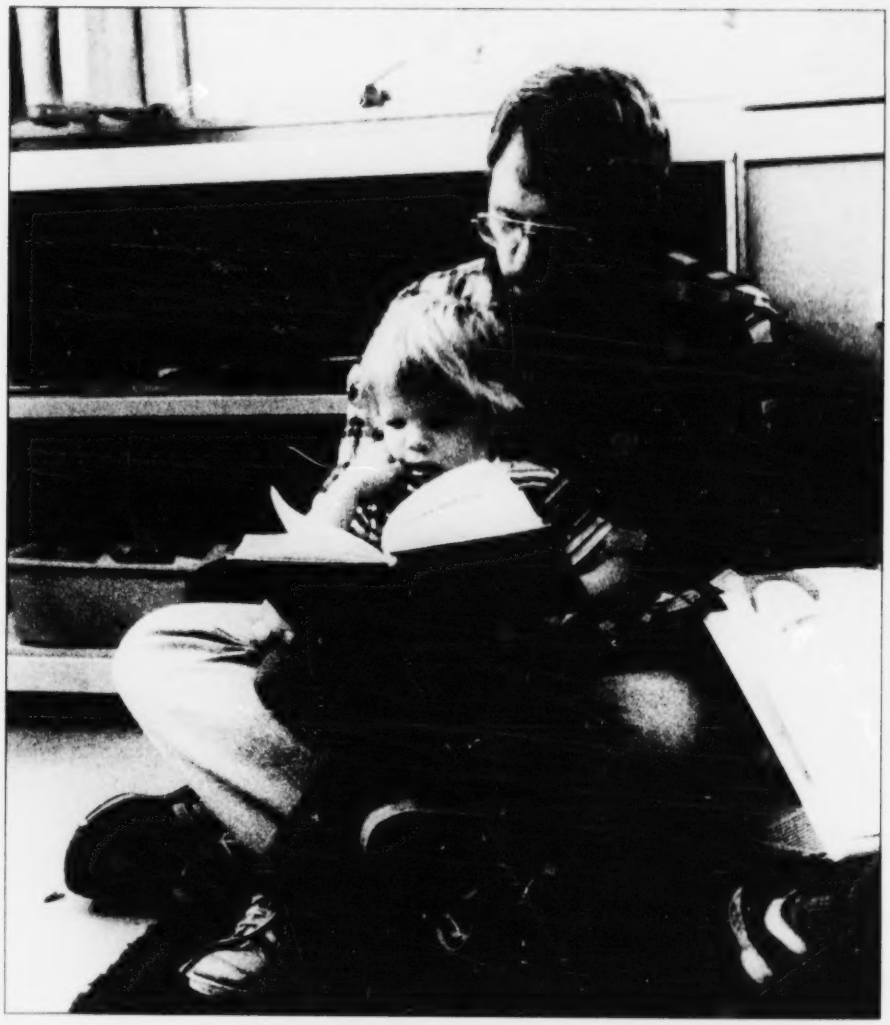
The National Child Care Staffing Study (NCCSS)

In 1988 the National Child Care Staffing Study (Whitebook, Howes, & Phillips 1989) examined the quality of care in 227 child care centers representing 643 classrooms in five metropolitan areas in the United States: Atlanta, Boston, Detroit, Phoenix, and Seattle. Classroom observations and interviews with center directors and staff provided data on center characteristics, program quality, and staff qualifications, commitment, and compensation. In addition, in Atlanta, assessments of approximately 250 children were conducted to examine the effects of varying program and staff attributes on children.

Overall quality was assessed with the Early Childhood Environment Rating Scale (ECERS) (Harms & Clifford 1980) for each observed preschool classroom and with the Infant/Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford 1990) for each of the observed infant and toddler classrooms. Researchers recorded ratios and group size at regular intervals during a two-hour observational period per classroom, and staff-child interaction was observed using the Caregiver Interaction Scale (Arnett 1989). Children's security of attachment to adult caregivers and their sociability with adults and peers were measured using the Waters and Deane Attachment Q-Set (Waters & Deane 1985) and the Howes Peer Play Scale (Howes & Stewart 1987). Teachers rated children's communication skills, using the Feagans and Farran Adaptive Language Inventory (Feagans & Farran 1979), and language development was assessed with the Peabody Picture Vocabulary Test (Dunn 1984). In 1992, 82% of the 227 centers that participated in the original study remained open, and their directors, 60% of whom were the same as in 1988, participated in telephone interviews to provide an updated portrait of the original sample (Whitebook, Phillips, & Howes 1993).

Cost, Quality, and Child Outcomes Study (CQO)

The Cost, Quality, and Child Outcomes Study examined 401 child care centers representing 749 classrooms in four states in 1993: Los Angeles



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County, California, the Front Range of Colorado, the New Haven/Hartford corridor in Connecticut, and the Piedmont triad in North Carolina. As happened in the NCCSS, classroom observations and interviews with center directors and staff provided data on center characteristics, program quality, and staffing issues. In addition, assessments of approximately 826 children were conducted to examine the effects of program characteristics on children.

The two rotating scales, ECERS and ITERS, were used to assess the day-to-day quality of care for children, and the Caregiver Interaction Scale and the Teacher Involvement Scale (Howes & Stewart 1987) were used to measure teacher behaviors and styles. Individual child assessments, teacher ratings, and parent surveys were used to examine developmental outcomes for teachers. Receptive language ability was measured, using the Peabody Picture Vocabulary Test–Revised (Dunn & Dunn 1981); prereading and premath skills were assessed with the Woodcock-Johnson Tests of Achievement–Revised, (Woodcock & Johnson 1989; 1990); and children's attitudes toward child care and perceptions of competence were measured, using the Attitudes/Perceptions of Competence Scale (Stipek 1993). Children's teachers completed a rating of children's social skills, using the Classroom Behavior Inventory (Schaefer & Edgerton 1976); and rated the teacher-child relationship using the Student-Teacher Relationship Scale (Pianta 1992; Pianta & Steinberg 1992). Demographic information about children was collected through parent surveys.

NAEYC Accreditation in Three California Communities Study

NAEYC Accreditation in Three California Communities is a three-phase study designed to (1) assess the characteristics and level of quality in child care centers in three northern California communities in which there are NAEYC accreditation support projects and (2) ascertain the effectiveness of different support mechanisms offered to centers pursuing accreditation. Phase I of the study, conducted during 1994, involved classroom observations and interviews with center directors and staff at 102 centers representing 164 classrooms in the communities of Santa Cruz, Palo Alto, and San Jose. The centers represented three groups: (1) centers involved in the NAEYC self-study process and actively involved in an accreditation support group providing them with varying levels of resources in terms of staff training, substitute time, and/or money for materials to purchase equipment or otherwise upgrade the center environment; (2) centers involved in the NAEYC accreditation self-study process but not participating in any organized support group; and (3) comparison centers uninvolved in the NAEYC accreditation process but matched, in terms of population and range of services, to support-group centers. The study focuses only on preschool classrooms because only a few centers involved in the support projects served infants and toddlers and/or school-age children.

During Phase II of the study, which will be completed in the fall of 1996, researchers are returning to support-group and independent self-study centers either shortly after they are visited by NAEYC validators to determine if they have achieved accreditation status or within two years of the Phase I observations and interviews. Comparison centers will also be revisited within two years of the initial observation and interviews. Phase III of the study will occur roughly three years after Phase II, at which time accredited centers will be ready for reaccreditation.

During the first phase of the study, center quality was measured using the Early Childhood Environment Rating Scale, the Caregiver Interaction Scale, and the UCLA Early Childhood Observation Form (Stipek et al. 1992). These measures will be used during subsequent phases of the study. The interviews with teachers and directors in each phase of the study are designed to gather their perceptions of the accreditation process, including support projects where appropriate, as well as information about center organization and finances.

Accreditation and quality

The National Child Care Staffing Study and the Cost, Quality, and Child Outcomes Study, though conducted over a span of several years and in different communities, found remarkably similar levels of quality in U.S. child care centers. In both studies only a small percentage of programs were rated as providing good-quality care by the ECERS and other measures. And in both studies some NAEYC-accredited centers were included among the centers receiving "good" rankings.

Findings from the NCCSS suggest that accredited centers provide higher-than-average-quality services to children. Fourteen of the 227 centers (6.2%) in the 1988 NCCSS sample, accredited by NAEYC at the time of observations, were rated better on each of the predictors of quality identified in the study. The accredited centers had better-compensated teachers with more formal education and specialized early childhood training, provided better benefits and working conditions, and maintained lower rates of turnover (see Table 1). Overall quality as measured by the Early Childhood Environment Rating Scale was higher in accredited than nonaccredited centers (see Table 1). Accredited centers were more likely to staff rooms with more than one adult at any given time, arrange for overlapping shifts of staff, and avoid accordion staffing practices—wherein children are moved from classroom to classroom depending on attendance at different points of the day—that contribute to discontinuity for children. Accredited centers provided a more developmentally appropriate environment and employed teaching staff who interacted more sensitively and less harshly with children than did the average staff in the study (see Table 1). Unfortunately, at the time of data collection, Atlanta, the site where child observations were conducted, had too few accredited centers to allow for a direct comparison of child outcomes in accredited and nonaccredited centers. However, the higher level of quality in accredited centers suggests that like other high-quality centers in the study, they

Table 1. **National Child Care Staffing Study, 1988: Comparison of**

	Accredited programs	*Nonaccredited programs*	*F*
Wages and turnover			
Number of centers	14	213	
Average hourly wage			
For teaching staff	$5.85	$5.30	4.09*
For directors	$10.78	$9.54	1.51
Teaching staff turnover			
Annual, as reported by directors	36%	52%	
Six months, based on follow-up calls to teachers	27%	38%	
Benefits and working conditions			
Number of teachers	82	1,227	
Health benefits[a]	64%	20%	17.11***
Retirement benefits[a]	32.5%	14.3%	22.41***
Reduced-fee child care[a]	52.8%	61.9%	13.73***
Paid breaks[a]	70.7%	37.8%	38.71***
Paid preparation and training time[b]	3.2%	2.1%	26.60***
Annual days of sick leave[b]	7.9	4.4	12.33***
Teacher characteristics†			
Number of staff	82	1,227	
Formal education	2.8	2.2	7.94***
Early childhood education	2.1	1.4	10.28***
Experience in child care	24.1	23.7	.01

Note: A direct comparison between ECERS scores for NCCSS and CQO centers is difficult because the reported data reflect a different level of analysis in the two studies. NCCSS scores are based on individual classrooms, while the CQO findings reflect a composite of classroom scores for each center.

[a]Each line represents a 2 x 2 chi-square table.

[b]Analysis of variance, based on full-time staff.

†Scoring of formal education: 1 = high school or less; 2 = some college; 3 = associate degree; 4 = baccalaureate degree or higher.

Scoring of early childhood education: 0 = none; 1 = high school; 2 = vocational education; 3 = some college or associate degree; 4 = baccalaureate degree or higher.

Scoring of experience in child care: in months.

NAEYC-Accredited and Nonaccredited Programs

	Accredited programs	*Nonaccredited programs*	*F*
Differences in child development environments			
Number of centers	14	213	
Ratio[b]			
Infant	2.7	3.9	2.59
Young toddler	4.0	5.8	3.41*
Older toddler	3.0	6.6	3.51*
Preschool	7.2	8.7	4.84*
Classrooms[a]			
With one adult	13%	90%	7.07**
With overlapping shifts	100%	76%	6.49*
With accordion staffing	37%	79%	5.70*
Developmentally appropriate activity ‡			
Infant/toddler	4.6	3.3	17.51***
Preschool	5.0	3.3	21.58***
Differences in teacher behavior			
Number of teachers	82	1,227	
Sensitivity	32.7	27.9	18.38***
Harshness	12.7	15.1	13.43***
Detachment	6.2	6.3	1.28
Appropriate caregiving‡			
Infant/toddler	5.3	4.0	7.05***
Preschool	5.3	4.2	10.79***

‡This is a subscale derived from a maximum-likelihood factor analysis, with oblique rotation of the ECERS and ITERS scale items. Individual items are scored from a low of 1 ("inadequate") to a high of 7 ("excellent"). A rating of 3 on these scales indicates "minimal" acceptable quality and a 5 indicates "good" quality.

* = $p < .05$; ** = $p < .01$; *** = $p < .001$

Source: Excerpted by permission, from M. Whitebook, C. Howes, & D. Phillips, *The National Child Care Staffing Study: Who Cares? Child Care Teachers and the Quality of Care in America, Final Report* (Oakland, CA: Child Care Employee Project, 1989), 125–29. © 1989 Child Care Employee Project.

Accredited programs were more likely than others to hire directors with an early childhood education background, but the salaries of directors in accredited centers were not significantly higher than average.

provided environments more supportive of children's optimal development.

Although NAEYC-accredited centers in the NCCSS exhibited higher-quality care, there were also some troubling signs in these centers. In particular, in the year preceding the observation, over one-third of the teaching staff had changed, and within six months of the observation, over a quarter of the staff had left their jobs. Accredited programs were more likely than others to hire directors with an early childhood education background, which has been identified as an important indicator of a center's ability to achieve accreditation (Bredekamp 1989). But the salaries of directors in accredited centers were not significantly higher than average. This may have contributed to the difficulty some centers encountered in keeping their directors and maintaining accreditation standards.

Information about program quality in a follow-up phone survey of NCCSS centers focused on turnover and wages, important predictors identified in the original study. In 1992 each of the 14 centers accredited in 1988 remained open, but five (36%) had not renewed their accreditation. Eleven additional centers had become accredited by 1992, bringing the total of accredited centers in the follow-up study to 20 (Whitebook, Phillips, & Howes 1993). It appears that the process of becoming accredited enhances center quality; for example, the recently accredited centers had the lower four-year turnover rate (33%) and paid higher wages to teachers and assistants than all other centers in the sample. In this follow-up study, the National Child Care Staffing Study Revisited, programs that continued their accreditation also had lower four-year turnover and higher wages than nonaccredited centers. Centers whose accreditation had expired, however, looked no different in terms of turnover and wages in 1992 than did those centers that were not accredited. These findings not only suggest the importance of the reaccreditation process but also raise questions about what supports centers require to maintain levels of quality over time.

Findings from the recent Cost, Quality, and Child Outcomes Study confirm the higher-than-average quality of NAEYC-accredited centers but also raise serious questions about the level of quality achieved (Cost, Quality, & Outcomes Team 1995). Thirty-one (7.7%) out of 401 centers in the study were accredited by NAEYC at the time of the observations or within the next year. These centers were compared to three types of centers providing higher-than-average quality in the study: publicly operated, worksite, and publicly funded with a tie to higher standards. The accredited centers were also compared to the other centers not in the higher-quality group (see Table 2). There is some overlap between categories; therefore, some higher-quality or work-site centers, for example, may be accredited.

Compared to the other centers not in the higher-quality group, accredited centers were rated higher on the ECERS and received a higher center-quality index score. They also employed more teachers with at least a college degree and with CDAs; paid somewhat higher wages for teachers, assistants, and teacher-directors; and were more likely to offer health insurance and paid maternity leave for teachers. However, on two key indicators of quality—staff-to-child ratios and staff tenure—there were no significant differences reported between accredited and nonaccredited centers not in the higher-quality group.

As a group, however, accredited centers do not provide as high a quality of services as some other groupings of centers. Average ratios among accredited centers were similar to those in publicly supported centers meeting higher regulations but not as good as those in work-site and publicly operated centers—types of programs which received more subsidy and in-kind donations. Although accredited centers appeared to hire teaching staff with similarly high levels of formal education and specialized training compared to those staff in publicly operated and work-site programs, the tenure of these staff was noticeably less. (Since turnover data were not reported separately for different categories of centers, staff stability is discussed here in terms of tenure.)

Table 2. Cost, Quality, and Child Outcomes in Child Care Centers, 1993: Comparison of Accredited Programs and Other Centers

	Accredited programs	*Centers offering higher-quality care*[a]			*Other centers*[b]
		Publicly operated	Work-site	Publicly supported with high regulation	
Number of centers[c]	31	28	16	30	318
Wages, benefits, and costs					
Average hourly wage for teachers	$7.70	$10.84	$10.09	$8.63	$6.79
Average hourly wage for assistant teachers	$5.76	$7.37	$6.98	$6.10	$5.49
Average hourly wage for teacher-directors	$9.46	$15.42	$14.39	$10.35	$8.50
Centers with fully paid health insurance for teachers	29%	86%	69%	47%	18%
Centers with child care discounts for teachers	68%	29%	31%	40%	80%
Total cost per child-hour	$2.67	$2.85	$2.71	$2.93	$1.94
In-kind donations per child-hour	$0.21	$0.50	$0.93	$0.39	$0.14
Total revenue per child-hour	$2.78	$2.89	$2.88	$3.04	$2.01
Total revenue from parent fees	79%	36%	66%	20%	81%
Monthly preschool fee	$427	$342	$398	$319	$367
Teacher characteristics					
Teachers with a baccalaureate or higher	36%	36%	37%	29%	27%
Teachers with a CDA or higher	89%	93%	92%	90%	73%
Average tenure for all staff (in months)	37	48	51	56	38
Average tenure for teachers (in months)	44	55	57	63	42
Average age of teachers (in years)	32	37	34	38	34
Child development environments					
Average morning staff-to-child ratio	0.21	0.26	0.23	0.22	0.18
Average center-quality index[d]	4.66	4.74	4.76	4.29	3.88
ECERS total score[e]	4.98	5.02	5.26	4.76	4.05

[a] Some of these centers may be accredited.

[b] Includes other publicly supported centers not required to meet higher standards.

[c] Data were collected from 401 centers, but some centers are included in more than one category.

[d] Based on a principal-components analysis for each center, the results of the ECERS/ITERS, Caregiver Interaction Scale, and Teacher Involvement Scale were combined into an overall quality index for the two classrooms in each center.

[e] On this scale a rating of 3 indicates "minimal" quality, and 5 indicates "good" quality.

Source: Data from Cost, Quality, & Child Outcomes Study Team, *Cost, Quality, and Child Outcomes in Child Care Centers, Public Report*, 2d ed. (Denver: Economics Department, University of Colorado at Denver, 1995), 41.

Greater staff instability may result from differences in compensation packages between the accredited programs and other quality programs. The average hourly wage for teachers in accredited programs ranged from $.83 to $3.14 less than the wage in identified higher-quality programs. On a full-time basis these differences translate into salary differences of several thousand dollars per year. Differences among assistant teachers in accredited and other programs were smaller, ranging from $.34 to $1.61 per hour, but differences in hourly wages for teacher-directors were even greater than those for teachers, ranging from $.89 to $5.96 per hour. Teachers in accredited programs were more likely to receive a discount on child care for their own children than were their counterparts in other higher-quality centers (but not those working in centers not in the quality group); however, they were less likely to receive health benefits.

With respect to overall quality, accredited programs scored higher than publicly supported programs meeting higher regulatory standards but somewhat lower than work-site and publicly operated centers. The average ECERS score for accredited centers fell slightly shy of the 5 rating, which is considered a measure of good quality (see Table 3). Two accredited programs had ECERS scores below 4, and only one accredited program in the study scored a 6.

In terms of finances, accredited centers charged higher fees, collected a higher percentage of their revenue from parent fees, and received a smaller amount of in-kind donations per child-hour compared to the three groups of centers offering higher-quality services. In the Cost, Quality, and Child Outcomes Study, significant sources of revenue other than parent fees distinguished higher-quality programs; accredited programs as a group ranked far below the higher-quality centers in this regard. The Cost, Quality, and Child Outcomes Study does not include longitudinal information on accredited centers. The lower salaries and shorter tenure among staff, however, portend more instability in these programs over time, and therefore the likelihood of a greater challenge to maintain program quality.

Table 3. **Cost, Quality, and Child Outcomes in Child Care Centers, 1993: Distribution of Child Development Environments in Accredited and Nonaccredited Programs**

	Accredited programs				*Nonaccredited programs*			
High quality [a, b]	44%				20%			
Mediocre quality [b]	56%				60%			
Poor quality [b]	0%				20%			
Range of process quality [a]	3.30–5.81				unavailable			
Range of ECERS scores	3.05–6.06				unavailable			
Average ECERS score	4.86				3.98			
Average ECERS by state	CA	CO	CT	NC	CA	CO	CT	NC
	5.44	4.75	4.8	4.8	4.35	3.96	4.16	3.48

[a] Based on a principal-components analysis for each center, the results of the ECERS/ITERS, Caregiver Interaction Scale, and Teacher Involvement Scale were combined into an overall quality index for the two classrooms in each center.

[b] "High" quality in this study corresponds to ratings of 5 ("good") or above on the ECERS/ITERS; "Mediocre" here corresponds to ratings from 3 ("minimal") to 4.999; and "poor" refers to ratings below 3 ("inadequate").

Source: Carollee Howes, University of California at Los Angeles (unpublished data from the Cost, Quality, and Child Outcomes Study, 1995).

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Table 4. Child Care in California: Assessment Phase I, 1994–95: Comparison of Centers Participating in NAEYC Accreditation Self-Study and Centers Not Participating

	Accreditation support project centers	*Independent self-study centers*	*Centers not participating in self-study*	*F*
Quality ratings				
Number of classrooms	54	43	67	
Average ECERS scores	4.30	4.73	4.03	10.73***
Percent with ECERS scores of 5 or higher	13%	28%	9%	
Percent with ECERS scores below 3	4%	0%	9%	
Average score for developmentally appropriate caregiving[a]	4.61	4.89	4.38	3.98*
Average score for developmentally appropriate activities[a]	3.86	4.35	3.44	12.48***
Wages, turnover, financial information				
Number of centers	33	27	42	
For profit	6	5	16	
Nonprofit	27	22	26	
Average hourly wages				
Starting wage for teachers	$9.15	$9.90	$9.55	
Highest wage for teachers	$11.24	$12.77	$11.69	
Starting wage for assistant teachers	$7.02	$7.33	$6.72	
Highest wage for assistant teachers	$7.68	$8.00	$7.39	
Starting wage for teacher-directors	$12.57	$12.50	$11.34	
Highest wage for teacher-directors	$14.29	$13.64	$13.11	
Starting wage for directors	$13.73	$15.26	$14.02	
Highest wage for directors	$15.86	$17.27	$17.56	
Staff turnover annually				
Teachers	28%	18%	30%	
Assistant teachers	37%	17%	49%	
Directors	14%	13%	24%	
Income/costs				
Revenue from parent fees	81.04%	73.04%	80.46%	
Fee for full-day preschool care, weekly average	$177.15	$136.02	$144.56	

Note: Phase I involved 164 classrooms in a total of 102 centers.

[a]This is a subscale derived from a maximum-likelihood factor analysis, with oblique rotation of items in the ECERS and ITERS. Individual items are scored from a low of 1 ("inadequate") to a high of 7 ("excellent"). A rating of 3 on these scales indicates "minimal" acceptable quality, and a 5 indicates "good" quality.

* = $p < .05$; *** = $p < .001$

Source: Data used by permission, from M. Whitebook, C. Howes, L. Sakai, and D. Machta, "NAEYC Accreditation in Three California Studies," working paper (Washington, DC: National Center for the Early Childhood Work Force, 1995).

From the Cost, Quality, and Child Outcomes Study, a picture emerges of accredited programs as expensive for parents, with generally better-than-average but not necessarily the highest-quality care provided in a community. Taken together with the National Child Care Staffing Study in 1989 and 1993, these findings suggest that although many programs that have achieved NAEYC accreditation are good, an even larger number are only adequate. The data indicate that NAEYC accreditation is not a firm criterion of excellence, even among high-quality programs in any given community. It is not possible to judge from the available data whether the variation in the quality of accredited centers, as measured by the ECERS and related measures, reflects differences between these measures and the NAEYC criteria or differences among NAEYC validators' judgments. Nor do we know whether the changes had occurred in the program since accreditation was granted; if the latter is the case, it raises further concern about accreditation status as a reliable measure of quality.

Centers involved in the NAEYC accreditation process

The picture of accredited centers that emerges from the NCCSS and the CQO study suggests that centers that achieve accreditation, as represented in these studies, typically serve families that pay higher-than-average child care fees in exchange for moderate-to-good care. These studies, however, do not provide information about the pool of centers in a given community that seek accreditation and how those that engage in the process differ from other programs in their community with respect to quality indicators and the populations served. Although there is some information about differences among centers that succeed in becoming accredited and those that do not (Bredekamp 1989), little is known about the differences that may influence their success in the accreditation project. Such information could help inform efforts in providing support to programs seeking accreditation.

Phase I data from the study in progress of three California communities suggest that centers at the beginning of the accreditation process provide at least adequate care, but the majority are not judged as providing good or excellent care (Whitebook et al. 1995) (see Table 4). Some differences do exist between centers seeking accreditation. On the overall measures of quality, centers in the California study, which are independently engaging in the self-study process, scored better than those participating in an accreditation support project. Turnover was also significantly lower in independent self-study centers than in the comparison centers, but not those involved in accreditation support groups. The percentage of revenue from sources other than parent fees was greater in the independent self-study group, which probably accounts for their somewhat lower weekly parent fee. Differences in teacher characteristics and behavior and staff compensation and stability were not significant at this stage among the three groups of centers. Phase II data will provide insights into the extent to which the self-study process helps centers to improve quality, the characteristics of centers most able to benefit from the self-study process, and how support projects can enhance quality improvement.

Discussion

Although the body of data about characteristics and quality of accredited centers is limited, it nevertheless raises serious issues for the National Academy of Early Childhood Programs to grapple with as it embarks on the second decade of NAEYC accreditation. The first revolves around the variable level of quality among centers that have achieved accreditation. A number of questions arise:

- Should there be a more absolute standard of quality than accreditation guarantees?
- To what extent does the variation among accredited centers reflect weaknesses in the accreditation criteria, and to what extent does it reflect the absence of reliability among validators or inconsistent follow-up with programs out of compliance with certain criteria?
- To what extent does the variation reflect quality declining at some centers since their accreditation (or reaccreditation), perhaps suggesting that monitoring needs to be done more frequently than every three years?
- Should the National Academy of Early Childhood Programs identify criteria which—if not in compliance at the time of validation—should routinely be checked in a follow-up visit?

- What changes would be necessary in the validator system, for example, paying validators and selecting a more diverse pool, and in the accreditation application review process to ensure a more reliable standard of quality among accredited centers?

A second issue, not entirely unrelated to the first, revolves around the extent to which accreditation criteria adequately address concerns related to staffing, particularly staff compensation and the related issue of turnover. The research findings reported here raise apprehension about the stability of staffing and salaries within accredited programs and those qualifying for reaccreditation. Further, they echo the uncertainties of many teachers and directors about the challenges of achieving accreditation in light of staff turnover and the failure of accreditation to address the underlying economic issues plaguing early childhood programs. Among the questions to be discussed are the extent to which NAEYC accreditation can or should do more about staffing issues and related points about financing of programs and certification of child care staff.

Accreditation standards should include a more rigorous criterion regarding staff stability. The current self-study criterion for staff stability—"Every attempt is made to have continuity of adults who work with children, particularly infants and toddlers" (NAEYC 1991, 40)—is vague and does not establish a level of turnover judged to be incompatible with accreditation status. For example, if an accredited program reports a high level of turnover when it submits its annual review, accreditation status can nevertheless be maintained based on the results of an on-site verification by the Academy if other criteria are still in substantial compliance. Further, it is not clear among center directors what level of turnover will prompt such a visit. Research has repeatedly demonstrated the link between high turnover and negative child outcomes, and there are sufficient data that could be mined to determine the level of turnover that is incompatible with high-quality environments and appropriate adult-child interactions (Whitebook, Howes, & Phillips 1989; Cost, Quality, and Outcomes Team 1995). This level should be established as the baseline for achieving and maintaining accreditation status.

A related issue is the Academy's focus on upgrading staff qualifications in accredited programs, without coupling it with a strenuous emphasis on upgrading compensation, working conditions, and benefits, which are key to attracting and retaining qualified staff. Admittedly, there are legal issues that prevent the Academy from setting specific salary levels for accredited programs, as well as regional variations that have made a national salary level impractical. Yet, there is substantial research evidence that the percentage of budget expended on teaching staff compensation correlates with quality (Whitebook, Howes, & Phillips 1989; Cost, Quality, and Outcomes Team 1995). Thus, the Academy could establish a criterion specifically related to a baseline percent of budget committed to staffing costs. Such a criterion would acknowledge that programs may have different resources available but they are still accountable for how they decide to spend them, particularly given the acknowledged relationship between salaries and program quality. Further, the Academy could articulate a minimum benefit package required for accreditation and perhaps include an enhanced benefit package at the time of reaccreditation.

Discussion of these issues is overdue and should involve examining the consequences of the failure to address the staffing issue, with the recognition that NAEYC will likely be increasingly relied upon by policymakers and funders as a mark of high-quality programs. Because the current criteria stress training, without an emphasis on stability and compensation, many of the accreditation support projects currently provide resources only for staff development. More rigorous criteria regarding staff stability and compensation will assist programs in leveraging funds for compensation from the policymakers, corporations, and foundations supportive of accreditation.

A third area of discussion involves the role of accreditation as a means to improve quality and the efforts to assist centers in that process. A number of issues that require further research involve assessing the strengths and weaknesses of accreditation support projects.

- What supports do centers find most useful, and are these the same supports that lead to the improvement and maintenance of better program quality?
- What happens to the quality of programs when support projects withdraw resources after a specified period of time?

- Clearly all programs do not have the same resource base; how can support projects be designed to meet the needs of those programs with the least resources?
- Do support projects encourage lower-quality centers to participate in self-study, and what impact might this have on the pool of centers applying for accreditation?
- Could this practice lead to subtle pressure to make accreditation more relativistic in order to ensure ongoing funding for programs seeking to improve quality through self-study?

* * *

To address the questions raised in this discussion and pertinent issues that may surface in the course of this reflection period, it will be necessary to generate systematic data about the accreditation experiment from those involved and to create a process to ensure that the findings inform accreditation practices.

The growing recognition of NAEYC accreditation as a process to improve programs and as a sign of program quality is a mark of the Academy's success in its first decade. If accreditation is to live up to its reputation, the Academy and its supporters must confront the identified weakness in the existing system as a reliable indicator of quality. Although many programs engaged in the self-study process appear to improve the quality of their services and many programs are already offering good services at the time of validation, even accredited programs find it difficult to reach and maintain a high level of quality, particularly in light of restricted financing. As Gwen Morgan writes in "Licensing and Accreditation: How Much Quality Is 'Quality'?" (see Chapter 12), "The bottom line for accreditation cannot be 'good enough'; it has to be 'good.'" How to meet this challenge is the next developmental hurdle for the Academy and supporters of NAEYC accreditation. The Academy faces a tremendous responsibility in this period of shrinking support for early care and education, when the economic and political policies promote less than what's good for children. If the Academy lowers its standards because of limited resources, it will be sanctioning the status quo, which is harmful to children. If many of the programs seeking to improve quality cannot meet accreditation standards, and if only those with subsidies can—a recognition of this reality should mobilize us to push for the additional support essential for good early care and education.

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5

Accreditation of Johnson & Johnson's Child Development Center

Three recent studies in the United States have focused national attention on the uneven quality of child care. According to these multisite observational studies, only 12 to 14% of children are in settings that promote their healthy growth and development, while between 12 and 21% of children are in settings that can be considered dangerous and potentially detrimental to their growth and development. For infants and toddlers, the proportion in unsafe settings is even higher: 35 to 40% (Whitebook, Howes, & Phillips 1989; Galinsky et al. 1994; Kontos et al. 1994; Cost, Quality, & Outcomes Team 1995).

These studies uncovered the characteristics associated with higher-quality education and care. Researchers found that children in center-based settings fare better emotionally, socially, and cognitively when these child care arrangements have

- a sufficient number of adults for each child, that is, higher staff-to-child ratios;
- smaller group sizes;
- higher levels of staff education and specialized training;
- low staff turnover and administrative stability; and
- higher levels of staff compensation.

Licensing standards are the major means used to effect quality in this country's early childhood programs. Because standards vary so substantially from state to state, they are typically seen as setting the "floor" of quality rather than ensuring quality (Morgan et al. 1993). Research confirms this view: children who live in states with higher regulatory standards have higher-quality early care and education than do children who live in states with lower standards (Whitebook, Howes, & Phillips 1989; Cost, Quality, & Outcomes Team 1995; Phillips et al. 1995).

The other major means of effecting quality has been a national, voluntary accreditation system for all types of early childhood center-based programs developed by the National Association for the Education of Young Children (NAEYC), the largest professional membership organization for early childhood educators. Accreditation involves a self-study process with four components: a classroom

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observation instrument, an administrator questionnaire, a staff questionnaire, and parent questionnaires. There is an external validation process when the self-study is complete.

The impetus for the development of this voluntary system was the realization in 1981 that the United States would not institute the high-quality, national licensing standards that had been created by the Federal Interagency Day Care Commission. As of January 1996, NAEYC-accredited programs totaled 4,527, while another 8,731 are in the process of becoming accredited. These figures represent 15 percent of the 80,000 centers in the United States (Kisker et al. 1991)—a very impressive accomplishment.

Despite the enormity of this accomplishment, there have been no large-scale outcome evaluations of accreditation. Sue Bredekamp, director of professional development at NAEYC and one of the main architects of NAEYC's accreditation system, laments this absence: "Unfortunately, there has been no systematic research that allows us to definitively address the question of whether accreditation results in better outcomes for children" (Bredekamp 1993).

The National Child Care Staffing Study had 14 accredited centers in its sample of 227 centers in four communities. It found that accredited centers had staff with more formal education, more early childhood training, and lower staff turnover. Staff provided more developmentally appropriate activities and higher-quality caregiving (Whitebook, Howes, & Phillips 1989). Returning to these same centers four years later, the researchers found that 11 additional centers had become accredited. These programs had the lowest staff turnover and paid higher wages than any other centers in their sample. Programs that continued their accreditation status (64 percent)

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also had lower staff turnover and paid higher wages (Whitebook, Phillips, & Howes 1993).

Although higher salaries and lower staff turnover have been associated with better developmental outcomes in children, at this time there is no way of knowing whether, in fact, children fare better in accredited centers. Neither is it possible yet to discern *how* the process of becoming accredited affects quality over time.

Purpose of the Johnson & Johnson Accreditation Study

Although it is clear that large-scale studies of accreditation, quality, and children's development are necessary, the Families and Work Institute decided to launch its inquiry with an intensive case study of a corporate center. This study is one in the series of quality-improvement studies we are conducting. The purpose of these studies is to determine not only *if* state, community, or business efforts to improve the quality of early education and care achieve their intended effects, but *how* these efforts work. We are interested in the nuances of how change takes place.

We approached Johnson & Johnson as our partner in our initial study of accreditation for two reasons. First, Johnson & Johnson has an extraordinary interest in ensuring that its four on-site child development centers are of high quality. Johnson & Johnson takes every possible step to promote quality, such as custom designing the interior and exterior space, retaining a well-respected child care management firm (Resources for Child Care Management) to oversee operations, hiring well-qualified staff, paying good salaries and providing good benefits, adhering to professionally accepted ratios and group sizes, and requiring all of its centers to become accredited by NAEYC. As a company, however, it does not assume that these steps alone are sufficient and wanted to learn what was working and not working so that corrective action could be taken. Thus, Johnson & Johnson agreed to participate in this study.

The second reason we were interested in working with a corporate center is that corporations have been instrumental in spurring accreditation efforts in the United States. By July 1995, for example, 101 programs had been accredited, and 402 were participating in the process through funding from the American Business Collaboration (ABC) for Quality Dependent Care, an initiative that began with IBM. In addition, through AT&T funding, 83 programs were accredited, 308 participating in the process; and through DuPont funding, 11 centers were accredited, and 63 were participating. Using just these figures—representing programs where funding comes from business directly to NAEYC—nearly 8% of programs involved in NAEYC accreditation had funding from businesses. Many other programs receive business support and then pay NAEYC, so these figures underestimate business support for accreditation.

Methodology

Timing

Observational assessments were conducted at three points in time at the Johnson & Johnson (J&J) Child Development Center at its corporate headquarters in New Brunswick, New Jersey:

Time 1: Fall 1990, soon after the center opened and prior to any accreditation activity

Time 2: Spring 1992, midway in the process of becoming accredited

Time 3: Spring 1994, soon after accreditation

Sample

At Time 1 the parents of all of the children enrolled in the J&J center at New Brunswick were invited to participate in the study; 43% agreed. We randomly selected an equal number of boys and girls from those families who volunteered to participate. To be included in the study, the children had to have been in their classroom for two months or longer and be at least 10 months old. The sample consisted of 48 children (24 boys and 24 girls) across 12 classrooms. Their ages ranged from 11 to 60 months, with an average age of 32 months. The children were predominately white, with less than 10% children of color. Their parents' occupations ranged from clerical to upper management.

Children were randomly selected from each of the 12 classrooms in the J&J center. This selection process was used so that we could assess the experiences of all children in the center. Between two and six children from each classroom participated in the study. Group sizes are dissimilar across

classrooms because fewer children are cared for in classrooms serving younger children. Therefore, classrooms with fewer children enrolled had fewer children participating in the evaluation.

At Time 2 we reassessed the same children seen at Time 1. This design permitted us to compare the experiences of children before and after the process of accreditation began. With attrition, 39 children remained (17 boys and 22 girls). Their ages ranged from 25 to 74 months, with an average age of 47 months. Nine classrooms were included in the study, with between two and six children from each classroom.

At Time 3 it was not appropriate to return to the same children because many of them had graduated from the center and had entered elementary school. As in Time 1, we obtained parental permission and then randomly selected boys and girls from each of the 12 classrooms; 72% of the parents agreed to participate. The 1994 sample consisted of 42 children (20 boys and 22 girls), ranging in age from 12 to 51 months, with an average age of 30 months.

Measures

The measures selected for this investigation are based on a thorough knowledge of the research on how children are affected by child care. Overall, the same set of measures were used in all three evaluations; however, in the Time 3 evaluation, we changed our measure of behavior problems and added two new measures. One measure permits descriptions of the activities of children in the center. The second measure is a direct test of the NAEYC accreditation because it assesses the extent to which classrooms follow NAEYC's developmentally appropriate practice (DAP). The measures used in this study are described below.

1. Teacher-child relationship

Research shows that the most important ingredient of high-quality early education and care is the relationship between the teacher and the child. We assessed several aspects of this relationship with the target children in this study.

Attachment. Children cannot truly learn in a child care setting unless they feel safe and secure. To measure emotional security, we used the Waters and Deane Attachment Q-Set (Waters & Deane 1985). With this measure, an overall score for security and three types of relationships are identified. In the *secure* relationship, the child exhibits behavior revealing that he or she feels trusting and secure with the teacher. For example, a child who is upset looks to the teacher for comfort. In an *anxious/resistant* relationship, the child is not comforted by the teacher. If picked up, the child bites, arches his or her back, screams, whines, and otherwise resists. In an *anxious/avoidant* relationship, the child behaves as if the teacher does not exist and refuses to acknowledge the teacher if approached.

Teacher sensitivity. Children in child care require physical and emotional care as well as teaching. We measured teacher sensitivity when providing physical and emotional care with the Arnett Scale of Teacher Sensitivity (Arnett 1989). Following the observational period, the observer judges the teacher-child relationship. A teacher rated as *sensitive* (warm, attentive, engaged) would respond to a crying child, find out what the problem was, and comfort the child.

Teacher style. The way that adults handle disciplinary and other interactions with children affects children's subsequent development. We assessed two aspects of the teacher's style with the Arnett Scale of Teacher Sensitivity. Continuing to use the example of a crying child, a teacher rated as *harsh* (critical, threatens, punishes) would order the child to be quiet, might forbid the child to play with anything until she or he behaved, and then, within earshot of the child, might complain about her or him in front of others. A teacher rated as *detached* (low level of interaction, interest, supervision) would ignore the child's crying, letting the crying go on and on over long periods of time.

Teacher responsive involvement. Children learn most from being with a responsive adult who is *reciprocally and responsively involved* with the children, that is, someone who engages them in verbal and social interaction, asks them questions, encourages them to think and to pursue play and learning. The opposite of reciprocal and responsive involvement is *directive*—teachers ordering children around without regard for the children's needs and responses. We assessed reciprocal involvement and directive teacher

behavior with the Howes Adult Involvement Scale (Howes & Stewart 1987). During the classroom observation, our observers coded the intensity of the teacher-child relationship, when the child was within three feet of a teacher, with six levels ranging from one to six: (1) ignoring the child, no interaction; (2) routine caregiving—such as wiping the child's nose; (3) minimal caregiving—the teacher talking to or touching the child in order to discipline him or her, to answer the child's direct requests for help, or to give verbal directions to the child, with no reply encouraged; (4) responding to the child's bids for attention in a positive but brief manner; (5) responding to the child's bids for attention in a more elaborate way; and (6) intense teaching and caregiving, including holding or hugging the child to provide comfort, engaging the child in prolonged conversation, or playing interactively with the child. This measure captures the extent to which the teacher is able to use teachable moments to engage children in meaningful learning. Reciprocal involvement is defined as the proportion of time in which a child is within three feet of a teacher that is scored a 4, 5, or 6. Directive behavior is defined as the proportion of a teacher's time that is scored a 2 or 3.

2. Resources

There are a number of program characteristics and resources that make it more *likely* that the adults in a child care program will be warm and sensitive as well as reciprocally involved and responsive to teachable moments.

Staff-to-child ratio and group size. Children are more likely to receive high-quality, reciprocal and responsive individual attention in smaller groups with a larger number of adults per children. Accordingly, we observed classrooms to obtain actual group sizes and staff-to-child ratios. To assess group size, we counted the number of children present at 15-minute intervals, across the two-hour observation. These counts were averaged to create a group size measure. To calculate ratios or the number of children cared for by each adult, we noted the number of adults present during the observation period and the number of adults actually caring for and teaching the children (for example, a parent may be visiting the classroom but is not included in the ratio calculation). We then divided the number of children by the number of adults teaching and providing care.

Developmentally appropriate caregiving and activities. The provision of materials and activities, the arrangement of the classroom, and the teacher's method of presenting new learning experiences to the children are important to the children's ability to learn. To assess this, we used the caregiving and activity subscales of the Infant Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford 1990) and the Early Childhood Environment Rating Scale (ECERS) (Harms & Clifford 1980). These scales represent a measure of the global quality of the setting; they focus on six areas of teaching practice: (1) space and furnishings, (2) basic needs, (3) language and reasoning activities, (4) learning activities, (5) social development, and (6) adult needs.

Because developmentally appropriate practices are fundamental to NAEYC's conception of quality in accredited programs, we used the Hyson Classroom Practices Inventory (Hyson, Hirsh-Pasek, & Rescorla 1990) in Time 3. It directly assesses compliance with NAEYC's guidelines for developmentally appropriate practice.

"Activities" is a measure developed by Carollee Howes and Susan Kontos. We observed the children one by one and averaged how much time children spent during our morning observation in (1) no activities—being unoccupied or an onlooker; (2) TV—watching children's noncommercial, children's commercial, or adult commercial TV; (3) gross-motor activities both indoors and outdoors; and (4) learning activities—art, puzzles, blocks, fantasy play, listening to stories, and music.

3. Children's development

To determine how the children are faring in child care, we assessed several aspects of their growth and development.

Language ability. We used the Adaptive Language Inventory (Feagans & Farran 1979). This is an 18-item rating scale that teachers complete, assessing children's functional communication skills. The Hyson Classroom Practices Inventory directly measures compliance with NAEYC's guidelines for developmentally appropriate practice.

Social development. Children's social development was measured by assessing their relation-

ships with each other with the Revised Howes Peer Play Scale (Howes & Matheson 1992). Observations were conducted throughout the observational period of four five-minute time samples of children's peer relationships. Categories include aimless wandering without any interaction, onlooking behavior without any interaction, to complex play with peers.

Behavior problems. We used the Achenbach Child Behavior Checklist (Achenbach & Edelbrock 1981) in Times 1 and 2. This Achenbach checklist is a widely used measure designed to discriminate between typically behaving children and children referred to mental health agencies for emotional disturbance.

In Time 3 we changed to the Preschool Behavior Questionnaire (Behar & Stringfield 1975) because this instrument is easier for a teacher to complete than the Achenbach checklist. This 10-item rating scale, conducted by the child's teacher, assesses children's aggression, anxiety, and hyperactivity.

Data collection procedures

In all three time periods, Families and Work Institute child development specialists were trained and found to be reliable in using the particular measures of this study. They observed each child for a total of two hours over the period of one or two days. Child assessments included the child's attachment to her primary teacher, indicating emotional security in the center, and the complexity of play with peers. Simultaneously, each child's responsive involvement with his teachers was observed. Group size and staff-to-child ratio were computed every 15 minutes during the entire observation period and then averaged. At the conclusion of the child observation, the observers rated the teacher's overall sensitivity, harshness, and detachment, and the classroom's developmentally appropriate caregiving and activities. Each child's primary teacher completed the Adaptive Language Scale and the Achenbach Child Behavior Checklist or Preschool Behavior Questionnaire.

Time 1 findings

Staff-to-child ratio and group size

The J&J Child Development Center classrooms are grouped by age, with a primary teacher and one or more assistants. The ratios and group sizes are presented in Table 1. They are consistent with the professionally recommended standards described by the National Academy of Sciences (Hayes, Palmer, & Zaslow 1990).

Global quality: Developmentally appropriate caregiving and activities

The ITERS and ECERS are based on a seven-point scale, measuring global quality that is separated into three categories: (1) score between 1–2 indicates that the education and care are *inadequate*—the children's safety and development are considered in danger; (2) a score between 3–4 indicates that education and care are *minimal*—the children are safe, but there are few, if any, learning opportunities; and (3) a score between 5 and 6.999 (7 is excellent) indicates that the education and care are *good*—the children are in settings that enhance their growth and development. The results (Table 1) show that the J&J center had scores that set it well above the average scores for child care centers in other national studies (Whitebook, Howes, & Phillips 1990; Cost, Quality, & Outcomes Team 1995).

These averages, however, mask some of the differences among classrooms. While most of preschool children (88%) were in classrooms classified as good in appropriate caregiving, only 8% of the preschool children were in classrooms classified as good in appropriate activities. Therefore, even with high overall ITERS/ECERS scores, there was room for improvement.

Teacher sensitivity, style, and responsive involvement

The teachers in the J&J center were slightly lower than national norms on being detached and higher on being harsh, as assessed on the Arnett Scale of Teacher Sensitivity (Table 1). Teachers were about the same as national norms for being directive, as assessed on the Howes Adult Involvement Scale. The overall low level on these three measures, however, is positive because children, particularly boys, who did experience less directive and harsh teaching at the center, scored higher in adaptive language and peer play measures.

Teacher sensitivity was lower than national norms. Although teachers at the J&J center engaged in similar levels (percentages) of respon-

Table 1: Johnson & Johnson (J&J) Child Development Center 1990 in Comparison to Standards/National Samples

	Professional standards	National samples	J&J Center in 1990
Ratios and group size			
Ratio			
For children under 3	1:3-1:5	1:5.8	1:4.1
For preschoolers	1:6-1:8	1:8.4	1:5.5
Group size			
For children under 3	6-10	8.2	7.1
For preschoolers	12-16	14.2	16.1
Global quality *(from ITERS/ECERS)*			
Appropriate caregiving			
In groups of children under 3		4.10	5.79
In preschool groups		4.39	5.47
Appropriate activities			
In groups of children under 3		3.57	5.69
In preschool groups		3.56	4.51
Teacher style *(from Arnett scale)*			
Sensitivity		2.8	2.4
Harshness		1.5	2.0
Detachment		1.7	1.5
Adult involvement *(from Howes Adult Involvement scale)*			
Directive behavior		3%	4%
Responsive (reciprocal) involvement		17%	20%
Attachment security *(from Waters & Deane Attachment Q-set)*			
Percentage of children with secure attachments		50%	40%
Security score		.30	.23

Note: Professional standards refer to the National Academy of Science standards (Hayes, Palmer, & Zaslow 1990). National samples are from the National Child Care Staffing Study (Whitebook, Howes, & Phillips 1989). Data for the J&J center are based on a sample of 48 children in 12 classrooms.

ITERS/ECERS scoring: 1-2 = inadequate; 3-4 = minimal; 5-6.999 = good; 7 = excellent.

Arnett scale: 1 = low; 4 = high.

Source: Families and Work Institute, 1996

sive interactions with children as did teachers in other national studies, this level was still quite low. These two findings are unfortunate, because children who experienced more sensitive and more responsive involvement with J&J teachers rated higher in emotional security and adaptive language than did children who did not have those experiences.

Children's attachment security, behavior problems, language development, and peer interaction

Our measure of attachment yields two scores—one, an attachment classification, tells whether or not the child is judged to be emotionally secure with the teacher, and the other is a rating (-1 to 1) of how close this particular child is to an ideally emotionally secure child.

As shown in Table 1, only 40% of the children at the J&J center were classified as securely attached to their teachers in 1990; 45% were avoidant and 15% were ambivalent. In national samples 50% of the children have been found to be securely attached, indicating that with regard to attachment security, the children at the J&J center were not faring as well as children in typical centers in this country.

Few children at the J&J center were rated by their teachers as having behavior problems. Children were observed to be engaged in age-appropriate interaction with their peers and were rated as average in their adaptive language competencies.

Discussion of Time 1 findings

The J&J center had all of the correct resources to ensure quality when it first opened. Our assessment indicated that the ratios and group sizes were outstanding, as were the qualifications of the staff. Likewise, the center was impressive in its use of space, materials, and provision of developmentally appropriate activities.

Of concern, however, were what studies have found is the core of quality: sensitive and responsively involved teaching and caregiving. In two studies, these two characteristics have been linked to better developmental outcomes in the children (Galinsky et al. 1994; Cost, Quality, & Outcomes Team 1995). Given the finding that the J&J center teachers were not very sensitive or responsive, it is not surprising that the children at this center were faring less well than the children in typical centers in the United States, with respect to their attachment security. This is potentially very problematic because attachment security with child care teachers predicts social and emotional development in preadolescent children (Howes, Phillipsen, & Hamilton 1995).

In the public discussions of child care, it is frequently assumed that if the right ratios, group sizes, and teacher qualifications are present, the child care center will be of high quality, when, in fact, studies only find these characteristics *associated* with more sensitive and responsive teaching and caregiving. The results of this study underscore this point. The J&J center had all of the right ingredients in place, but the net result did not bode well for the children at the center during its first year of operation. For this reason, many corporations have insisted that the centers they fund be NAEYC accredited. This study of the accreditation process at the J&J center offered an opportunity to explore *whether* this faith in accreditation on the part of corporations is well founded and *how* accreditation affects quality as well as children's growth and development.

Time 2 findings

As previously stated, observers from the Families and Work Institute returned to the J&J Child Development Center in the spring of 1992, approximately 14 months after the first assessment, and observed the same children whom they had observed in the fall of 1990. Nine children in the sample had left the center, so the 1992 sample consisted of 39 children (17 boys and 22 girls). Their ages ranged from 25 to 74 months, with an average age of 47 months. The J&J center was midway through the NAEYC accreditation process.

Staff-to-child ratio and group size

The 1992 ratios and group sizes are presented in Table 2. Although the ratios reveal that there are more children for each adult in 1992 than in 1990, the ratios are still within recommended norms.

Table 2: Johnson & Johnson (J&J) Child Development Center 1990 and 1992 in Comparison to Standards/National Samples

	Professional standards	National samples	J&J center in 1990	J&J center in 1992
Ratios and group size				
Ratio				
For children under 3	1:3-1:5	1:5.8	1:4.1	1:5.0
For preschoolers	1:6-1:8	1:8.4	1:5.5	1:7.0
Group size				
For children under 3	6-10	8.2	7.1	9.0
For preschoolers	12-16	14.2	16.1	12.8
Global quality *(from ITERS/ECERS)*				
Appropriate caregiving				
In groups of children under 3		4.10	5.95	N/A[1]
In preschool groups		4.39	5.82	6.00
Appropriate activities				
In groups of children under 3		3.57	5.46	N/A[1]
In preschool groups		3.56	4.36	5.23
Teacher style *(from Arnett scale)*				
Sensitivity		2.8	2.4	2.9
Harshness		1.5	2.0	1.7
Detachment		1.7	1.5	1.3
Adult involvement *(from Howes Adult Involvement scale)*				
Directive behavior		3%	4%	1%
Responsive (reciprocal) involvement		17%	20%	25%
Attachment security *(from Waters & Deane Attachment Q-set)*				
Percentage of children with secure attachments		50%	40%	68%
Security score		.30	.23	.36

Note: Professional standards refer to the National Academy of Science standards (Hayes, Palmer, & Zaslow 1990). National samples are from the National Child Care Staffing Study (Whitebook, Howes, & Phillips 1989). Due to attrition, the 1992 data from the J&J center are based on a sample of 39 children in 9 classrooms. The 1990 scores for global quality have been reanalyzed for the remaining sample of 39 rather than the original sample of 48 children, thus the scores vary from those reported in Table 1. Tests of significance were not performed because of the children's change in age.

[1]Not applicable because children's ages changed.

ITERS/ECERS scoring: 1-2 = inadequate; 3-4 = minimal; 5-6.999 = good; 7 = excellent.

Arnett scale: 1 = low; 4 = high.

Source: Families and Work Institute, 1996.

Global qualtiy: Developmentally appropriate caregiving and activities

The 1992 results show that the J&J center made gains in appropriate caregiving and appropriate activities (Table 2). Appropriate activities had been scored as minimal for preschoolers in 1990. In 1992 their scores were higher than typical programs in the United States. In both of these areas, the J&J program was rated as good quality—indicating that it was enhancing children's growth and development.

Teacher sensitivity, style, and responsive involvement

Teachers in the J&J center showed lower scores in 1992 than in 1990 on teacher harshness, detachment, and directive behavior. The levels of harshness, however, continued to exceed national norms.

Teacher sensitivity also just slightly exceeded national norms in 1992. Likewise, teachers in 1992 engaged in more responsive interactions with children than they did in 1990, but the percentage was still low, indicating that most teachers at the J&J center were still not taking advantage of teachable moments.

Children's attachment security, behavior problems, language development, and peer interaction

In 1990 only 40% of the children at the J&J center were classified as securely attached to their teachers—a finding of real concern. By 1992, 68% of the children were securely attached, a dramatic improvement.

Very few children at the J&J center were rated by their teachers as having behavior problems in 1990 and the same again in 1992. Children were observed to be engaged in significantly more age-appropriate interaction with their peers, and their adaptive language scores improved.

Discussion of Time 2 findings

The interpersonal teaching skills that are the crux of quality take time to develop in a new center, even in a center as committed to quality as the J&J center. In 1992 there were gains in the sensitivity of teachers and the extent to which they engaged responsively with children. Not unexpectedly, there were also gains in children's attachment security, their social development, and their language ability. Because these measures are scored in terms of the age of the child, the scores do not go up as the child ages. For example, studies have found that attachment security scores do not change with the age of the child.

The child care management company engaged in a number of improvement efforts, including accreditation. The accreditation process depends on a self-study in which the center administrator, staff, and parents are able to pinpoint the areas of weakness and address them. It appears that this process and other quality improvement activities are quite effective at the J&J center. All of the areas of weakness in the center's functioning in 1990 showed improvement in 1992.

As is normal in a start-up center and a center going through accreditation, there were some dramatic changes at the J&J center, including staff changes. Because the true ingredients of quality had become more evident during accreditation, new staff were screened not only on their formal qualifications, but also for their skill in interacting sensitively and responsively with children. Those staff who remained showed gains in their teaching skills.

Time 3 findings

Observers from the Families and Work Institute returned to the J&J Child Development Center in the late spring of 1994, approximately two months after the J&J center was accredited by NAEYC. Because so many of the original children had entered elementary school, we selected a new sample. The 1994 sample consisted of 42 children (20 boys and 22 girls) ranging in age from 12 to 51 months, with an average age of 30 months.

Staff-to-child ratio and group size

Ratios and group sizes are described in Table 3. The J&J center continues to operate with group sizes and staff-to-child ratios consistent with the standards of quality suggested by the National Academy of Sciences.

Table 3: Johnson & Johnson (J&J) Child Development Center 1990 and 1994 in Comparison to Standards/National Samples

	Professional standards	National samples	J&J center in 1990	J&J center in 1994	Test for change
Ratios and group size					
Ratio					
For children under 3	1:3-1:5	1:5.8	1:4.1	1:4.4	.23 NS
For preschoolers	1:6-1:8	1:8.4	1:5.5	1:6.6	.16 NS
Group size					
For children under 3	6-10	8.2	7.1	8.0	.05 NS
For preschoolers	12-16	14.2	16.1	14.6	.06 NS
Global quality *(from ITERS/ECERS)*					
Appropriate caregiving					
In groups of children under 3		4.10	5.79	5.94	8.04**
In preschool groups		4.39	5.47	6.11	5.68**
Appropriate activities					
In groups of children under 3		3.57	5.69	5.81	2.41*
In preschool groups		3.56	4.51	6.13	14.08**
Teacher style *(from Arnett scale)*					
Sensitivity		2.8	2.4	3.6	14.53**
Harshness		1.5	2.0	1.4	6.44**
Detachment		1.7	1.5	1.5	.41 NS
Adult involvement *(from Howes Adult Involvement scale)*					
Directive behavior		3%	4%	3%	1.16 NS
Responsive (reciprocal involvement)		17%	20%	45%	6.06**
Attachment security *(from Waters & Deane Attachment Q-set)*					
Percentage of children with secure attachments		50%	40%	60%	5.86**
Security score		.30	.23	.35	2.68**

Note: Professional standards refer to the National Academy of Science standards (Hayes, Palmer, & Zaslow 1990). National samples are from the National Child Care Staffing Study (Whitebook, Howes, & Phillips 1989). The 1990 data for the J&J center are based on a sample of 48 children and the 1994 data on a new sample of 42 children in 12 classrooms.

ITERS/ECERS scoring: 1-2 = inadequate; 3-4 = minimal; 5-6.999 = good; 7 = excellent.

Arnett scale: 1 = low; 4 = high.

* = $p < .05$; ** = $p < .01$; NS = not significant.

Source: Families and Work Institute, 1996

Global quality: Developmentally appropriate caregiving and activities

Environmental quality scores are presented in Table 3. The quality of the appropriate caregiving and appropriate activities, already impressive in 1990 except for appropriate activities for preschool children, improved further by 1994. The scores were well above national averages and significantly better than the Time 1 (1990) scores. Consistent with national trends, scores in the younger classrooms were lower than scores in the preschool classrooms.

Teacher sensitivity, style, and responsive involvement

Teaching sensitivity, style, and responsive involvement are described in Table 3. Sensitivity significantly increased from Time 1 (1990) to Time 3 (1994). Harshness average scores were significantly lower in 1994 than in 1990. Teacher directive behavior was very low at Time 1 and decreased, but not significantly, at Time 3.

Over twice as much time was spent in reciprocal interaction with teachers in the third set of observations as opposed to the first. This is an important finding because it suggests that after accreditation the teachers were more flexible in meeting the individual needs of children.

Children's attachment security

The children's attachment to teachers was an issue of concern in the first year of the study. Attachment classification and security scores significantly improved from Time 1, prior to accreditation, to Time 3, four years later, following accreditation (see Table 3).

Activities and classroom practice

As shown in Table 4, the J&J center had a very high score on the Hyson measure, indicating a close correspondence with NAEYC guidelines on developmentally appropriate practice. Looking at the results, one sees that children at the center spent their time in a range of activities that are meaningful and enjoyable to children their age.

Children's behavior problems, language development, and peer interaction

In terms of children's development, there were significant increases in children's complex play with peers over time. Children's adaptive language scores also improved, but not significantly. In both assessment periods teachers reported very low levels of behavior problems.

Conclusion

Taken as a whole, these findings indicate that the NAEYC accreditation process has had a significant impact on the quality of the early childhood setting and on children's development at the J&J Child Development Center. It is the goal of the center to offer superior quality. Having a child-centered, physically beautiful environment; the best teaching materials; teachers with excellent credentials, who are paid good salaries and benefits; and recommended professional standards on ratios and group sizes was necessary but not

Table 4: **Developmental Appropriateness of Activities and Classroom Practice at the J&J Center, 1994**

Activities *(from Howes & Kontos instrument)*	**Percent of time children spent in activities**
Art—open ended	12%
Art—product	0%
Manipulatives	18%
Blocks	7%
Fantasy play	9%
Stories and reading	7%
Music and dance	1%
Gross-motor play	35%
Circle time	11%
Developmental appropriateness of classroom practice *(from Hyson inventory)*	4.24 (5 = high)

Source: Families and Work Institute, 1996.

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sufficient to ensure that children were developing well. In fact, in its first year of operation, the J&J center staff were less warm and more directive than were teachers in typical centers in the United States, and, perhaps as a result, less than half of the children acted as if they felt safe and secure in their relationships with their teachers.

The corporate community has put a great deal of stock in NAEYC accreditation. It is the belief of many corporate leaders that accreditation is a form of insurance that their dollars spent in child care are being wisely invested. Although this one study does not provide that assurance, it is an important indicator that accreditation does affect quality.

The J&J center needed to improve teacher-child relationships. Other centers will need different types of improvements, in areas including ratios and group sizes, staff qualifications, salaries and benefits, and so forth. Continuing to conduct studies of accreditation will be important to assess how the process works with centers of varying strengths and weaknesses. Does the process differ for start-up centers like the J&J center, compared to older, more-established centers? Is the process as effective in states with varying licensing standards or with centers that have fewer financial resources than the J&J center? These are all important questions that must be addressed to help ensure that accreditation achieves its intended effects.

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6

Using a Statistical-Indicator Methodology for Accreditation

During 1991–92 the National Child Care Association (NCCA), a 4,500-member organization representing the private-for-profit sector in child care in the United States, pilot tested an indicator checklist system as a part of the developing and implementing of the National Early Childhood Program Accreditation system (NECPA). In the development of any indicator checklist system (ICS), a comprehensive set of standards must be used as the backdrop for creating key indicators. The NECPA system used as its set of comprehensive standards the NAEYC accreditation criteria.

NCCA's reason for developing the NECPA system was to streamline accreditation without losing the comprehensiveness of self-study. This was a formidable endeavor in attempting to be cost efficient without compromising effectiveness. NCCA tried an ICS methodology because of its successful use in the development of licensing and monitoring systems. However, the methodology had never been used with accreditation.

NAEYC's accreditation system had a long history of development and revision. It is clearly recognized in the early childhood field as the standard for program quality. Some states have built child care funding standards based upon NAEYC accreditation. Because of its reliance on an instrument-based program monitoring system and its comprehensiveness, NAEYC accreditation fits nicely with the ICS methodology. These aspects of NAEYC's system are two major criteria in the development and use of the key-indicator methodology, and this relationship between an indicator checklist and its respective comprehensive instrument is critical. NECPA is the indicator checklist, with NAEYC being the comprehensive tool. Indicator methodology is always based upon this relationship with the comprehensive tool, which means that the indicator checklist cannot be used solely as the review instrument. In other words, the indicator checklist (NECPA) can never replace the comprehensive instrument (NAEYC).

Key-indicator methodology, an ICS developed in the late 1970s, responded to the Federal Interagency Day Care Requirements' (FIDCR) need to create a cost-effective and efficient monitoring system that would measure compliance with regulations. The ICS is based upon a statistical methodology that has the ability to predict overall compliance with state or federal regulations, based upon a very short list of key regulatory indicators. These key regulatory indicators predict statistically the probability that a program will either be in compliance or out of compliance with state

regulations in the aggregate. If a program is in compliance with the key regulatory indicators, the chances are that the program is in compliance with all regulations. The reverse is also true, if a program is out of compliance with the key regulatory indicators, the chances are that the program is out of compliance with other regulations.

A pilot study conducted between summer 1991 and spring 1992 used the NAEYC self-study process with an abbreviated version of the NAEYC criteria, the new American Academy of Pediatrics/American Public Health Association (AAP/APHA) child care standards, and selected criteria from a national licensing database of key indicators maintained at the Pennsylvania State University at Harrisburg. Trained observers (graduate students in the university's early childhood program) administered the two tools at selected sites throughout Pennsylvania. Results from the observations were tabulated into overall percentage scores on the program as well as component scores by administration, curriculum, physical environment, health and safety, and staffing (Figures 1 and 2). The overall correlations were all statistically significant, showing a very strong relationship (r) between the two tools ($r = .93+$, with component scores = .88 to .96).

These results should not be surprising because the key indicators are essentially a subset of the overall comprehensive instrument used by NAEYC, with only some modifications from the APHA/AAP standards and the National Key Indicator Data Base. This is an important point because there have been misunderstandings regarding the relationship between the two systems. On the surface the NECPA accreditation system appears as a watered-down version of the NAEYC accreditation system. This is not the case. It is true that the NECPA system has fewer criteria; however, the reason is that these criteria are the key indicators that statistically predict compliance with all NAEYC criteria. For the most part, the NECPA and NAEYC systems would accredit the same programs and defer accreditation on the same programs.

Could NAEYC use the key-indicator statistical methodology in its present system? I think the answer is a qualified yes. For programs seeking reaccreditation, with certain criteria not changing, such as no director turnover, little staff turnover, full license in place, no complaints, and so on, the answer would be in the affirmative. The key-indicator statistical methodology would have to be limited in this way. It should not be used in a reaccreditation where substantial changes have occurred. If changes have occurred, it alters and invalidates the key-indicator statistical methodology, which is always based upon a comprehensive review—the NAEYC self-study.

Remember that the real advantage to using a key-indicator methodology is in the time saved by a high-quality program in which there is high compliance with all criteria. Also, there is the time saved in the review process by validators and national accreditation commissions.

The key-indicator methodology could be used with a sample group of NAEYC-accredited programs from the national database that NAEYC maintains. The key-indicator statistical methodology could be run on this sample of programs. Key indicators would be developed from the results. This is a relatively straightforward exercise that could be done at the Pennsylvania State University at Harrisburg National Center for Early Childhood Program Evaluation. A sampling of key regulatory indicators from the National Key Indicator Data Base follows:

- staff-child ratios
- group size
- staff training
- director qualifications
- lead-teacher qualifications
- children properly immunized
- children supervised at all times
- developmentally appropriate discipline followed

The purpose in developing the NECPA system and in even suggesting the use of the key-indicator methodology within the existing NAEYC accreditation system is not to water down a comprehensive process but to make it more efficient and effective in reaccrediting programs of very high quality. The use of key indicators also helps to streamline a rather labor-intensive, validator and national commission process and review. Another component of the NECPA system is the automated/computer-generated profile of program compliance with standards. The NECPA system was not designed as a competing system but, rather, a system complementary to NAEYC's using the latest technologies in the monitoring of early childhood programs.

Although the NECPA system was not designed to compete with the NAEYC system, the issue of competition has surfaced, often generating impas-

Figure 1. Relationship of NAEYC and NECPA Accreditation Systems

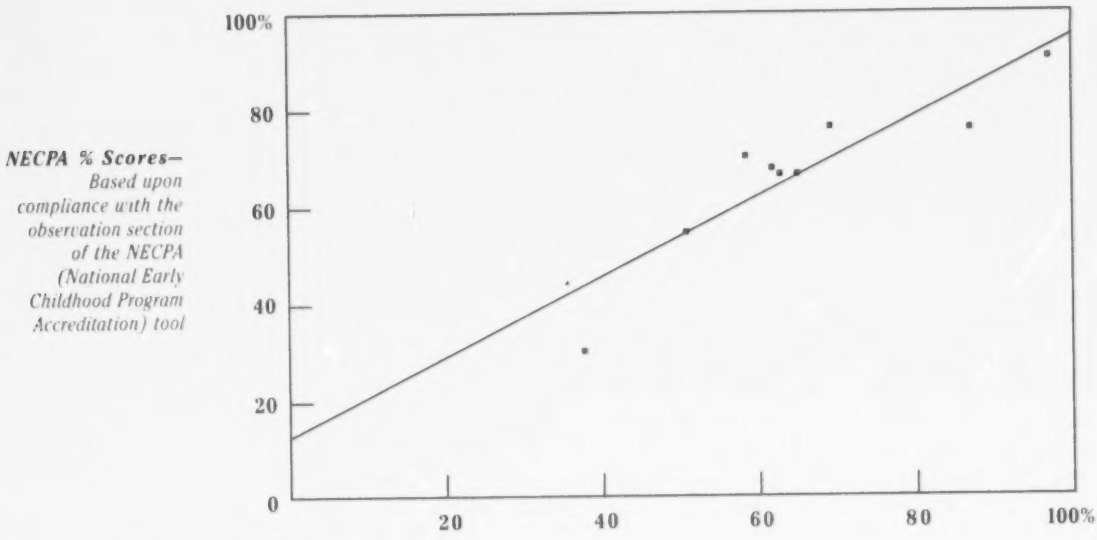

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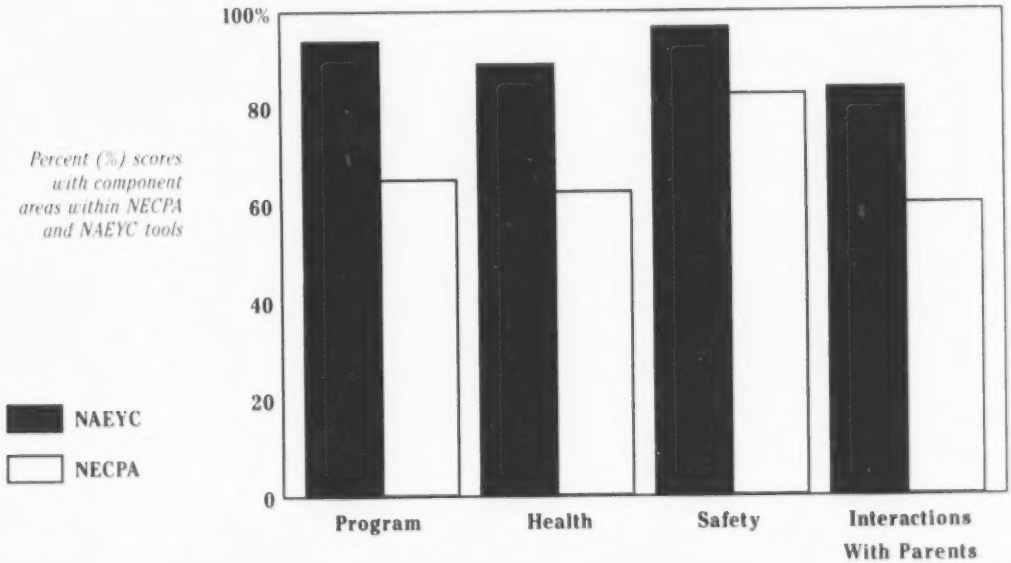
Figure 2. Comparison of NAEYC and NECPA Accreditation System Components



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sioned discussion. The accreditation of early childhood programs stands to benefit or suffer, depending on one's perspective. On the positive side, a certain amount of competition generally improves the systems involved; it is to be hoped that both the NECPA and NAEYC systems will improve as a result of their coexistence. However, the negative side is that having two systems is potentially confusing for parents. Although NECPA is a key-indicator approach of the NAEYC accreditation system, this is not clear for the average consumer of child care services. In fact, the key-indicator methodology lacks full acceptance within the early childhood research community. Researchers see the benefit of the key-indicator approach within a licensing system but still question its usefulness within an accreditation system.

With the pilot study and the subsequent research done on the NECPA system, the bottom line is the resulting validation of the NAEYC accreditation system. The NAEYC system remains the comprehensive standard in the field against which all other accreditation systems must be measured. The NECPA results only confirm this, with extremely high correlations between the short version of the NAEYC instrument and the comprehensive version of the NAEYC instrument. The NAEYC system establishes the baseline of program quality for early childhood programs. It is the starting point for programs in their comprehensive self-evaluation. A self-study based upon the key-indicator methodology (NECPA is an example of this approach) can never replace a comprehensive review. The key-indicator self-study can supplement the comprehensive review in subsequent years if there have been few changes since the program conducted its last comprehensive review. It is always assumed that there was very high compliance with the NAEYC criteria in becoming accredited in the first comprehensive self-study.

Future developments in accreditation need to take into account the results of the NECPA pilot and the NAEYC accreditation system. Is the selected use of a key-indicator statistical methodology warranted within the NAEYC system? Only with additional research will we be able to determine the answer.

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II

Lessons Learned from Accreditation

Annette Sibley and Martha Abbott-Shim

7

Accreditation: Process or Product?

Over the past 15 years, NAEYC accreditation has been one of the most significant influences on the quality of early care and education programs for young children. Accreditation has served two essential purposes. First, it has established standards for program practices that represent professional consensus. Second, accreditation has engaged practitioners in the process of self-reflection through observation and self-study. Accreditation has been the single most influential mechanism for introducing formative evaluation to practitioners. Twenty years ago program directors attending our self-evaluation training sessions were largely unfamiliar with the concept and methods of self-evaluation. By the late 1980s, after the introduction of accreditation, the concept of evaluation was considerably more familiar to directors.

However, accreditation represents more than evaluation or self-study. Accreditation has become an achievement, or summative measure of quality. Efforts to measure child care quality are relatively new within the past 15 years. Contemporary research efforts have focused on measuring quality in relation to structural, dynamic, and contextual characteristics. Researchers have treated accreditation status as an independent variable representing quality (Howes, Smith, & Galinsky 1995). Within the accreditation process, the program self-study fulfills both formative and summative functions. The self-study is used to identify practices that need improvement. After changes have been made, the results of the self-study process are used as a measure or documentation of program functioning and form the basis for awarding accreditation. Large numbers of programs apply for accreditation and initiate the self-study process but fail to reach the point of program validation. This discussion provides an overview of several accreditation support initiatives and reflections about how programs fare in this process.

Editors' note: *The authors of this chapter describe their work in which they use the* Assessment Profile for Early Childhood Programs *as the formative evaluation of program quality toward the goal of using NAEYC accreditation as the summative evaluation tool. NAEYC developed the accreditation process to accommodate both purposes: formative and summative evaluation, and, theoretically, any program should be able to achieve accreditation, using the self-study tools alone. In our experience, most programs successfully achieve accreditation without the additional step described by the authors. However, as the system expands to serve more programs that are initially less ready to begin self-study, technical assistance initiatives, such as Quality Assist and others described in this book, may become more needed.*

Initiatives in evaluation and program improvement

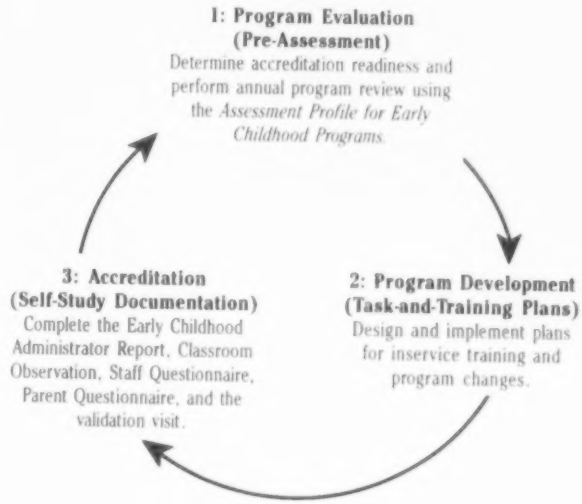
Quality Assist, Inc., in Atlanta, Georgia, specializes in providing technical assistance and training for administrators in the methods of evaluating and improving their programs. The Quality Assist Technical Assistance and Training Initiatives have involved a wide range of early care and education programs, including profit and nonprofit child care, preschool, and Head Start programs. The Quality Assist initiatives have helped program directors in the process of evaluating the developmental appropriateness of their program practices and their readiness for accreditation, developing both administrative and classroom improvement plans, and preparing for accreditation. As a result of this extensive work, we have had the opportunity to work with programs aspiring for accreditation but differing substantially in their level of developmentally appropriate functioning and readiness for accreditation.

Often, programs initiate the accreditation self-study process but drop out once they identify obstacles or criteria that they do not meet. Because they do not meet specific standards, programs decide that accreditation is not possible for them. In other cases they decide to set aside accreditation until the immediate problem is corrected, and as a result they lose connection with their accreditation goal. The more vulnerable the program, the more likely the director will be to discontinue accreditation efforts. It is our belief that giving up and losing focus is the result of inexperience with using the process of self-study for formative evaluation purposes. For these programs the accreditation self-study process becomes analogous to taking the final exam *before* taking the course. These directors conduct the self-study but are inexperienced in using the process to formulate a program development plan. Separating the formative and summative evaluation processes allows the director to set immediate self-assessment and development goals and objectives without revising or abandoning the accreditation goal.

Georgia's early care and education programs have demonstrated a keen interest in program development and accreditation. Between 1990 and 1994 the Georgia Child Care Council (GACCC) provided Child Care Development Block Grant funding for over 200 programs across the state to participate in evaluation and accreditation training. In 1994 the Head Start Region IV Office of the Administration for Children and Families (ACF) funded the first year of an anticipated five-year Quality Assist initiative to support all Georgia Head Start programs in achieving accreditation. These initiatives have focused on guiding directors through the formative evaluation process: first, to determine readiness; next, to establish program development objectives along with a timeline that culminates in submission for accreditation. This format serves to keep the door open to accreditation and establishes self-evaluation as the means to an end.

Formative evaluation

Each initiative has been organized into three phases: (1) program self-evaluation, (2) design and implementation of program improvement and training plans, and (3) preparation of documentation for NAEYC accreditation.


1: Program Evaluation
(Pre-Assessment)
Determine accreditation readiness and perform annual program review using the *Assessment Profile for Early Childhood Programs*.
2: Program Development
(Task-and-Training Plans)
Design and implement plans for inservice training and program changes.
3: Accreditation
(Self-Study Documentation)
Complete the Early Childhood Administrator Report, Classroom Observation, Staff Questionnaire, Parent Questionnaire, and the validation visit.

Phase 1: Program self-evaluation. Administrators complete a systematic, in-depth program evaluation, using the *Assessment Profile for Early Childhood Programs* (Abbott-Shim 1987). The *Assessment Profile* is an observational, structured inventory of developmentally appropriate practices and is used diagnostically to determine program improvement needs and to identify specific directions for program training. On-site technical assistance is available to support administrator's self-assessment observations.

Phase 2: Design and implementation of program improvement and training plans. Administrators summarize program evaluation findings, interpret findings, and develop a program-specific task-and-training plan. The task-and-training plan includes identification of appropriate community training resources and projected timelines for completion of program changes and training. Technical assistance provides individualized guidance in the development, scheduling, and implementation of program task-and-training plans.

Phase 3: Preparation for NAEYC accreditation. Administrators are guided through the process of documenting program changes and the completion of the NAEYC accreditation program documentation. Technical assistance provides individualized guidance in the organization, scheduling, and implementation of the accreditation tasks, including classroom observation, preparation of administrative documentation, and gathering and summarizing staff and parent questionnaires.

The *Assessment Profile for Early Childhood Programs* is the tool used to complete a comprehensive program evaluation. This assessment instrument is a structured inventory of developmentally appropriate classroom practices and effective administrative practices. The profile includes four components: Administration, Preschool, Infant, and School-Age. The classroom components include comprehensive checklists to assess practices in six dimensions: Safety and Health, Learning Environment, Scheduling, Curriculum, Interacting, and Individualizing. Checklists were developed to represent both the characteristics of the basic care provided in terms of safety and health as well as the educational and social/emotional context of the environment. Items are defined in terms of observable evidence of classroom practices and documentation, relying on teacher reports as needed for clarification or elaboration purposes only. Observations focus on aspects of the caregiving and educational experiences from the perspective of the child. The intent of the *Assessment Profile* is to capture individualized care and developmentally appropriate learning experiences.

To determine accreditation readiness, programs use the *Assessment Profile* for preliminary self-evaluation in lieu of the accreditation self-study materials. The assessment items are consistent with the NAEYC accreditation criteria. However, the items are more uniform in format and have greater specificity than NAEYC's self-study criteria. The uniform item format and the item specificity facilitate observer training and reliability. In addition, the *Assessment Profile* design helps to expedite the process of summarizing the data and the organization of a program improvement plan. Finally, the instrument encourages rigorous self-examination, and it separates the formative evaluation process from the final accreditation documentation. Subsequently, the accreditation self-study documentation serves as a summative, post-test assessment.

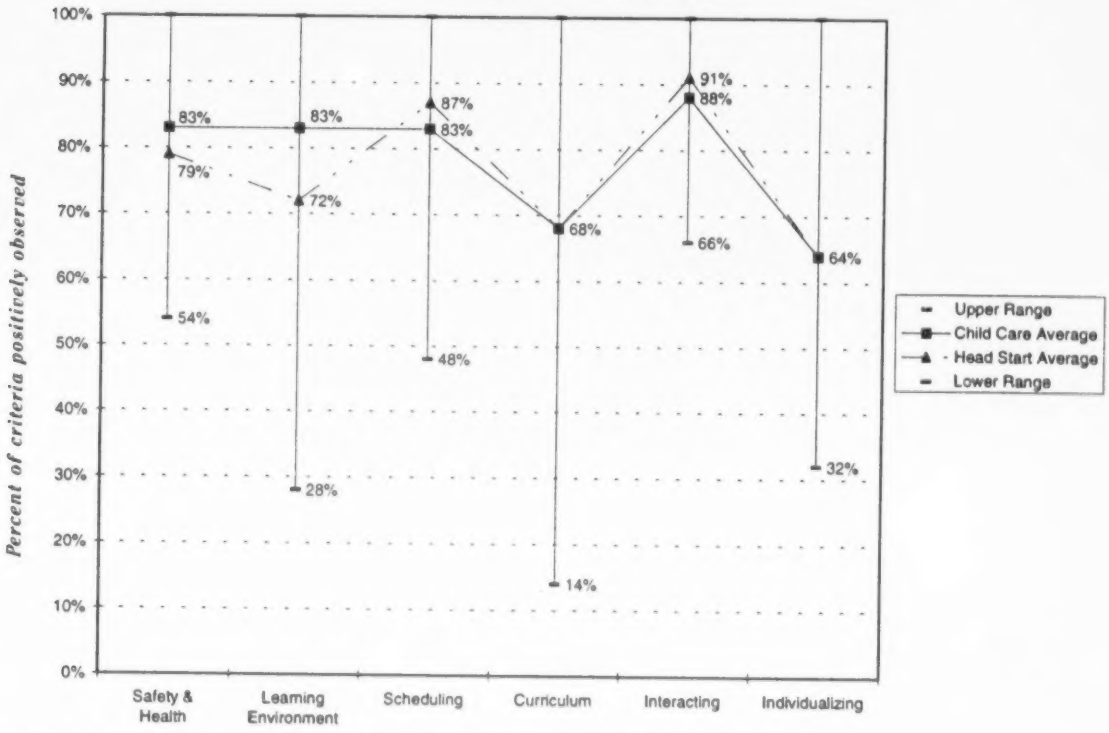
Although relatively strong programs do not need preparation before beginning the accreditation self-study process, some less-ready programs may find the self-study process to be like taking the final exam before the course.

Training and data collection

Director training in methods of program evaluation begins with two days of intensive group training. The training involves a review and discussion of all items in the *Assessment Profile*, followed by practice classroom observations. During training, each director independently completes the profile, compares responses with the trainer, and discusses differences to clarify item intent and meaning. The intent of this process is to establish common definitions and interobserver reliability. It also serves as a mechanism to train directors in developmentally appropriate practices. Practice observations continue with a rotation to new classrooms until a minimum of 85% agreement is established. Following the training, directors return to their respective programs to complete the assessment.

Directors notify their staff of the self-evaluation process and the purpose, which is to identify program strengths and aspects of the program that had been overlooked and underdeveloped and to establish that self-evaluation is a process for program development. To minimize the mystery of evaluation, teachers have an opportunity to review the *Assessment Profile* before observations begin.

Figure 1. **Self-Assessment Findings for Child Care (*N* = 240) and Head Start (*N* = 37) Preschool Classrooms**



Note: The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

They are asked to not modify classroom practices. The evaluation process is an opportunity for the administrator to determine what resources and types of assistance are needed, and modifications would serve only to mask needs.

Classroom observations generally take place during the morning hours between 8:00 and 12:00. Directors rotate among classrooms in 15- to 20-minute cycles. A minimum 60 minutes of observation are completed per classroom and represent early-, mid-, and late-morning time periods. Observations are followed by brief interviews with the lead teacher from each classroom, for the purpose of reviewing sample classroom documents and, if necessary, clarifying information obtained through observation.

Findings

The formative evaluation data from the GACCC and the Head Start Quality Initiatives illustrate the scope of training needs and the level of program readiness for accreditation. Data from the *Assessment Profile* were obtained for 54 child care programs and one large Head Start program (37 classrooms). These data represent 240 preschool classrooms, 46 infant classrooms and 12 school-age classrooms. Items on the instrument are scored yes for "observed" or no for "not observed" or "not observed with consistency." Therefore, data are reported as a percentage of positively observed criteria. Summed scores were not calculated because descriptive information is more useful in developing a detailed program improvement plan. Data were consolidated across programs, and the average number of items positively observed was calculated for each dimension of the *Assessment Profile*. Means and ranges for each dimension are illustrated separately for Head Start and child care preschool classrooms in Figure 1. The upper range represents the highest percentage of positively observed criteria, and the lower range represents the lowest percentage of positively observed criteria.

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Preschool classrooms

For preschool classrooms the data revealed that an average 88% of the interacting criteria were positively observed, and 83% of the criteria for Safety and Health, Learning Environment, and Scheduling were positively observed. In contrast, only 68% of Curriculum and 64% of Individualizing criteria were positively observed. Data were examined separately for the 37 participating Head Start classrooms. The pattern was similar to that of the child care classrooms: 91% for Interacting; 87%, Scheduling; 79%, Safety and Health; 72%, Learning Environment; 68%, Curriculum; and 64%, Individualizing. Figure 1 illustrates the wide range in program functioning within each dimension among the 55 programs. Although the averages suggest that program performance was strongest in Interacting, Safety and Health, Learning Environment, and Scheduling, the observed range of functioning within each dimension was considerable.

Directors observed that classrooms with the greatest need for improvement had unsafe and unsanitary materials and furnishings and were unprepared for accidents and emergencies. The arrangement of classroom space did not encourage child independence or individuality, and materials were inaccessible. Outdoor learning environments were underdeveloped and lacked diversity in learning materials and opportunities. Teachers were generally not actively engaged with children while outdoors. In terms of scheduling, classrooms lacked variety in activities, lesson planning was often incomplete, and time for teacher planning was not scheduled. Curriculum materials lacked variety. Fewer than three resource materials were available to support each of the following areas: self-help, music, carpentry, nutrition/health, science, language, and multicultural learning. Learning experiences were not based on an assessment of the developmental abilities of children in the classroom. Children were not actively engaged in choosing activities, manipulating materials, or problem solving. Finally, teachers were limited in their behavior-management strategies and resorted to negative verbalizations (such as scolding, criticizing, yelling) or physical actions (such as yanking, pulling, tightly gripping a child's arm).

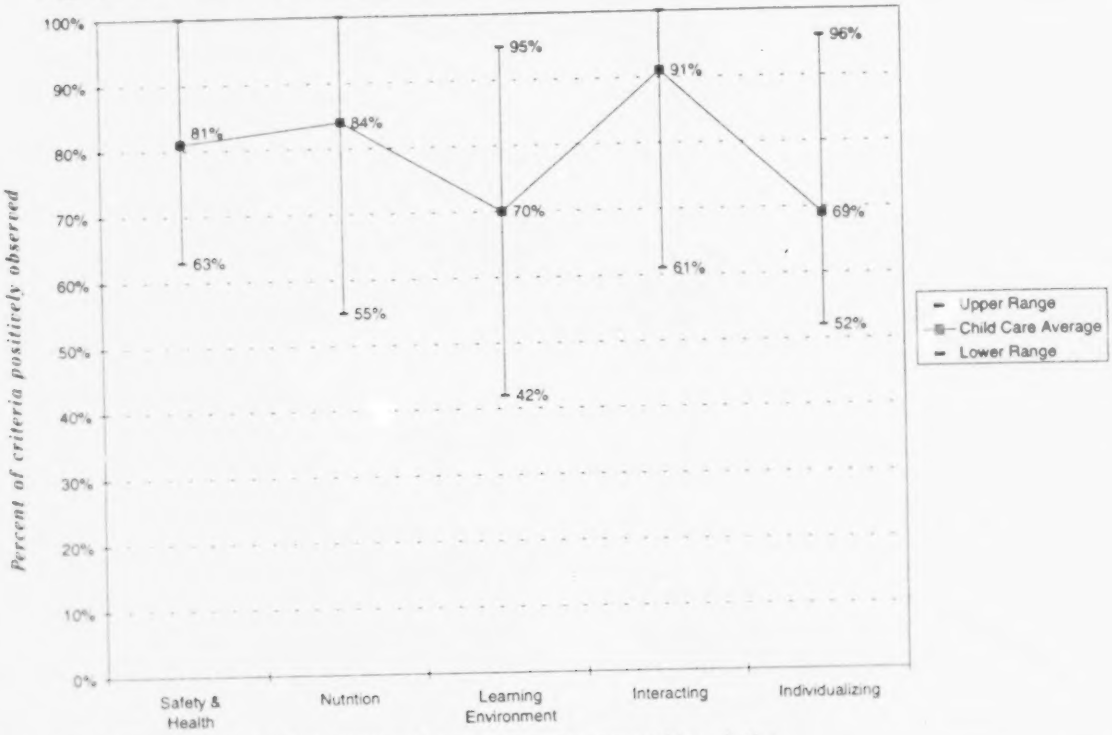
Infant classrooms

The infant classroom average and ranges for each dimension are illustrated in Figure 2. For infant classrooms an average 91% of the Interacting criteria were positively observed, 84% of Nutrition, and 81% of Safety and Health. Only 70% of Learning Environment and 69% of Individualizing criteria were positively observed. As with preschool classrooms, the range of functioning was considerable. Infant classrooms that functioned at the lower range were also observed to have unsafe and unsanitary materials and furnishings and were unprepared for accidents and emergencies. Inconsistency with hand-washing procedures was frequently observed. Infant caregivers were not playful nor did they initiate positive verbal interactions with infants or hold infants for bottle-feeding. Infant care was not individualized in that primary caregivers were not assigned to individual infants; activities and special learning experiences were not planned; nor were toys selected based on the specific developmental level of the infant. Infant rooms were generally organized as multipurpose space providing no separation between sleeping, eating, or play areas.

School-age classrooms

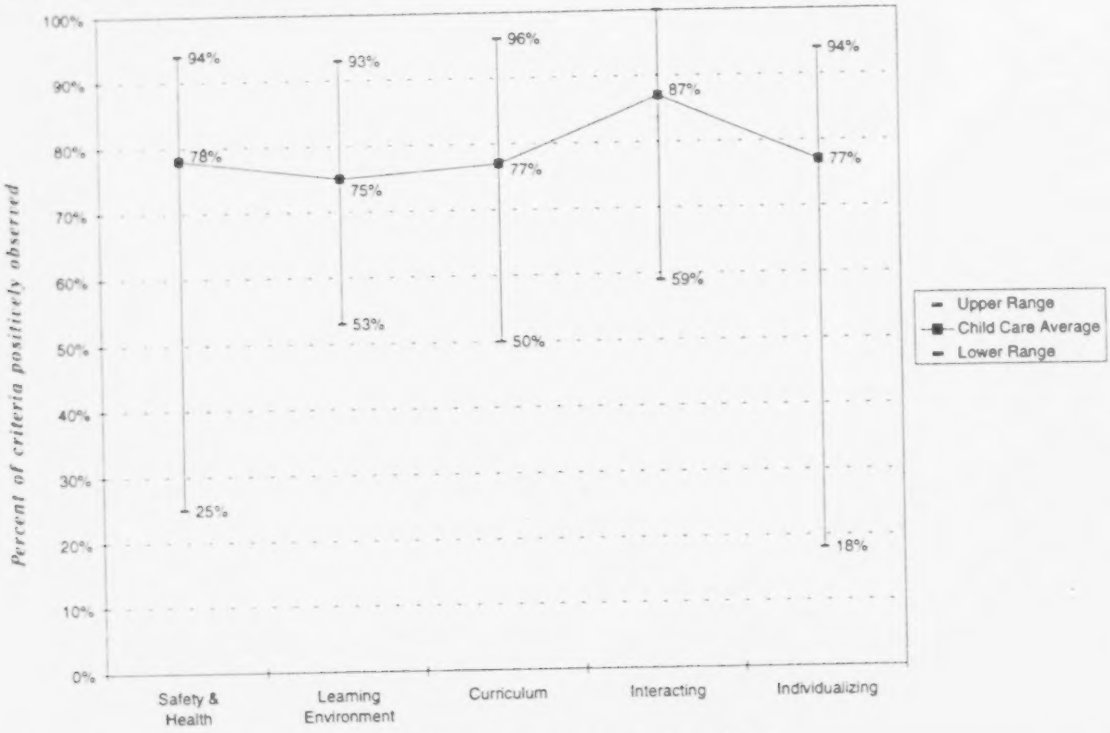
Among all of the classrooms, school-age classrooms fared the least well. The school-age classroom average and range for each dimension are illustrated in Figure 3. While 87% of the Interacting criteria were positively observed, only 78% of Safety and Health, 77% of Curriculum and Individualizing, and 75% of Learning Environment criteria were positively observed. Again the range was exceptionally wide. Classrooms performing at the lower range were observed to be unprepared for emergencies and accidents and had inadequate hygiene practices, particularly related to hand washing. These classrooms lacked planned and organized activity options, scheduled time for individualized attention, or opportunities for choice and self-directed activities. A variety of materials was not available and outdoor materials were few and generally in disrepair.

Figure 2. Self-Assessment Findings for Child Care (*N* = 46) Infant Classrooms



Note. The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

Figure 3. Self-Assessment Findings for Child Care (*N* = 12) School-Age Classrooms



Note. The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

While the child care programs were staffed by a diverse group of teachers with different training backgrounds and experience, these evaluation findings show that within a program, classroom quality and practices have strikingly similar patterns in strengths and weaknesses. For example, if Learning Environment and Curriculum were weak in one classroom, it was likely to be the case in other classrooms within the same program. These findings suggest that program administrators have a significant influence over the quality and character of programs.

Management

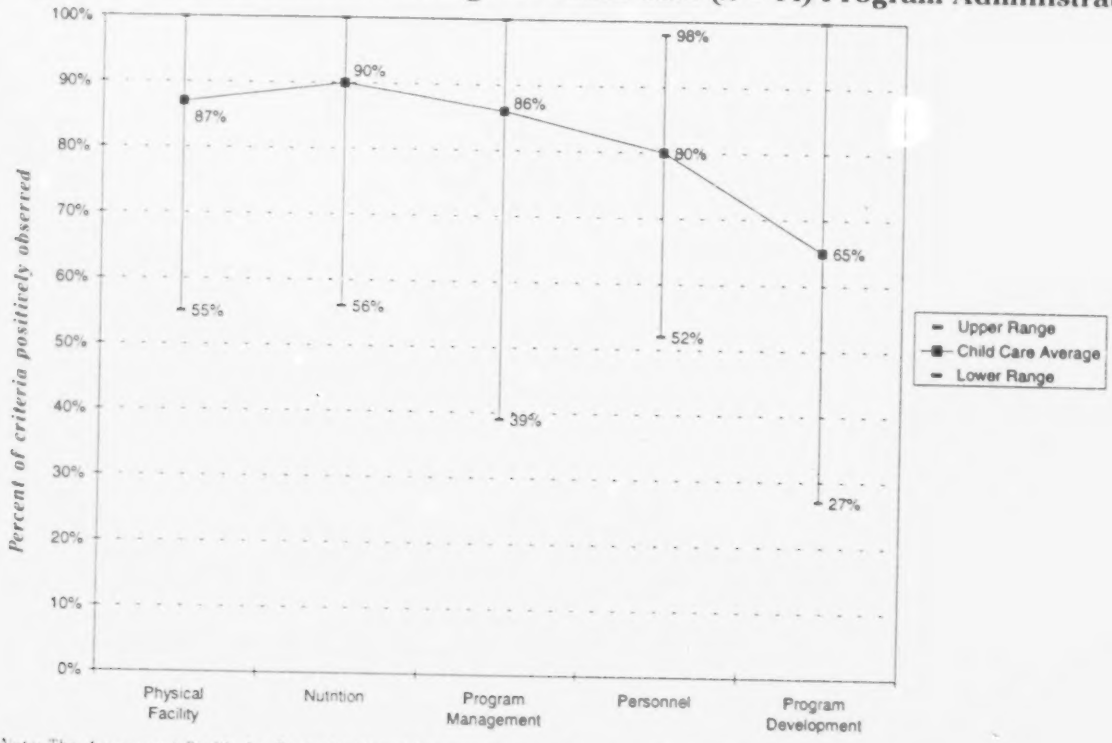
Data were also obtained on administration and are illustrated in Figure 4. The data reveal that administrative practices were moderately high. On the average, 90% of criteria were positively observed for Nutrition, 87% for Physical Facility, 86% for Program Management, and 80% for Personnel Management. The lowest area of functioning was in Program Development with an average of 65% positively observed criteria. Once again the range across programs was considerable for each dimension.

These data illustrate the scope of training and technical-assistance needs. Each participating program developed an individualized plan that included identifying community resources to address their needs. The composite picture has important implications for training planners and funding priorities. Gaps in training resources and geographic differences in training availability became apparent as programs sought out training resources. In some instances programs were able to use their systematic evaluation data to substantiate their needs and, therefore, received additional community funding support.

Head Start initiative findings

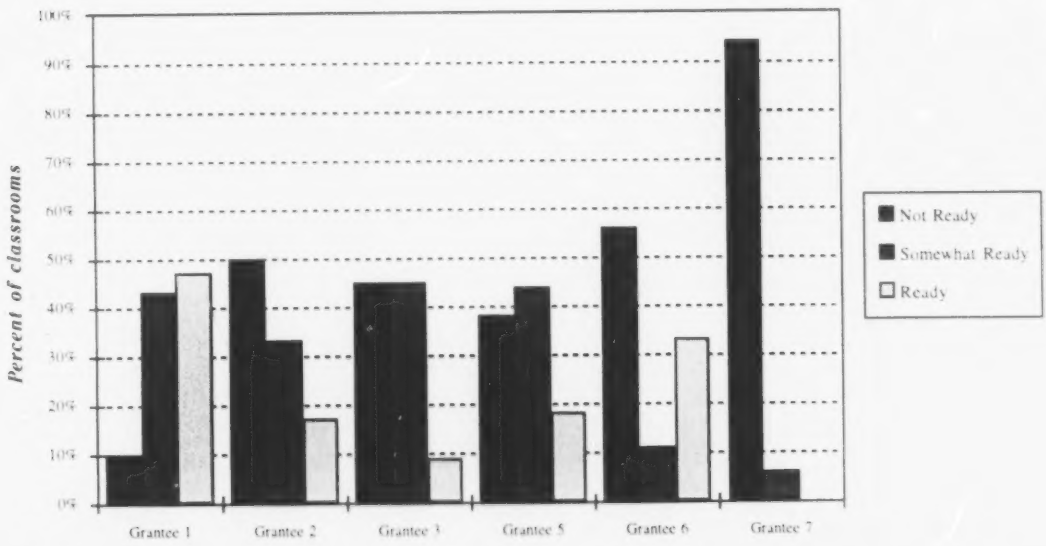
In Georgia the Head Start Quality Initiative is a statewide coordinated effort to support accreditation. Therefore, the self-assessment data from the

Figure 4. **Self-Assessment Findings for Child Care (*n* = 44) Program Administration**



Note: The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

Figure 5. **Classroom (*N*=151) Readiness for NAEYC Accreditation for Head Start Agencies in Georgia**



Note: The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

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first cohort of 151 classrooms were used to group classrooms into one of three categories. Classrooms that scored below 85% on four or more of the six dimensions were considered to have an extensive need for staff development and, therefore, were categorized as "not ready" for accreditation. Classrooms falling below 85% on two or three dimensions, indicating a strong need for training, were considered to be "somewhat ready." Classrooms that uniformly scored above 85% in all dimensions or that fell below 85% in only one dimension were considered "ready" for NAEYC accreditation. The level of readiness is summarized by agency in Figure 5 (Sibley, VandeWiele, & Herrington 1996). It is anticipated that a number of agencies will initiate the accreditation self-study process, while others will conduct an additional formative evaluation and reassess their accreditation timeline goal.

In response to this coordinated formative evaluation effort, two additional projects were initiated. The Head Start Region IV Office of ACF provided funding for a week-long teacher training institute—Challenging Teachers. The institute was designed to provide intensive, individualized training in specific content areas identified through the formative evaluation process. In addition, the Georgia Head Start Collaboration Project funded a Mentor Training Project. The preliminary classroom evaluations were used to identify developmentally appropriate classrooms, and teachers from these classrooms were invited to participate in the mentor training. The mentor project trains mentors to work with teachers on an individualized basis. The combination of formative evaluation and our opportunity to respond to the identified needs through these coordinated training and mentoring efforts will significantly improve practices and increase accreditation completion.

At the time of this writing, follow-up data were available from three of the programs and include 37 of the 151 classrooms in the original group. Program administrators from three of the agencies used the *Assessment Profile* to complete a full or partial reassessment of their classrooms to determine progress toward accreditation readiness. This second round of data collection focused primarily on the classrooms that were most in need of improvement at the time of the initial assessment. Classrooms that

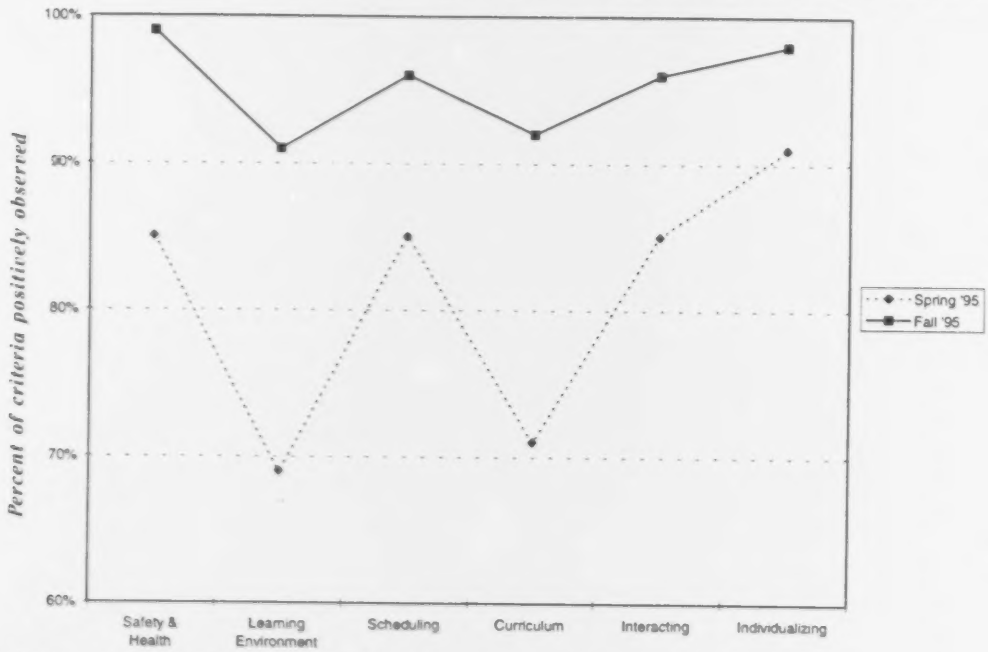
performed well in the first round of data collection were generally not included in the second round.

A comparison of the follow-up data with the initial data from three Head Start grantees is illustrated in Figures 6, 7, and 8, exemplifying quantitative measures of program changes. In 73% of the classrooms reassessed, substantial improvements were noted. By the time of the second observation, almost half of these classrooms had moved from "not ready" or "somewhat ready" to "ready" for accreditation. Another 20% moved from "not ready" to "somewhat ready." Approximately 20% of the classrooms declined in their performance on the *Assessment Profile*, and 8% showed no change.

With few exceptions, classroom improvements occurred in all six areas of the *Assessment Profile*. Reassessment results indicated that one program experienced a slight decline in Interacting and another program experienced no changes in Learning Environment. The overall pattern of change is positive across the three programs. Several factors account for the fact that nearly three-quarters of the group demonstrated measurable progress toward accreditation by the time of the second assessment. The process of self-evaluation raised administrative and teacher awareness and increased attentiveness to classroom practices. In addition, mentor teachers were established in six of seven programs as another internal resource and support to classroom changes. Finally, establishing accreditation as a program goal created an atmosphere that unified staff around program quality and developmentally appropriate practices.

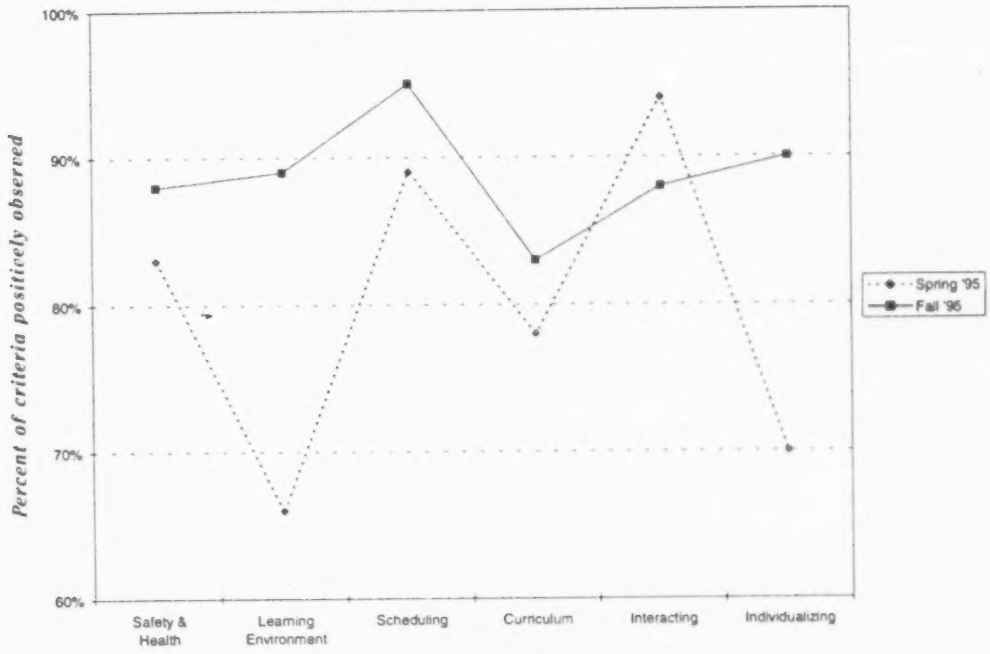
At the local and state level, the Quality Assist program evaluation model establishes a database with uniform program evaluation information that can be compiled geographically by state or local community to produce a descriptive picture of training needs. It also provides a mechanism that allows administrators to contribute information about program needs directly into a state database, data to guide funding priorities for quality improvement, and information to guide training priorities. As the match between the assessment of training needs and training content strengthens, the quality of child care will improve.

Figure 6. **Results of Pre- and Post-Assessment for Head Start Grantee 1 Following Teacher Training and Mentoring Projects Supporting Accreditation Readiness**



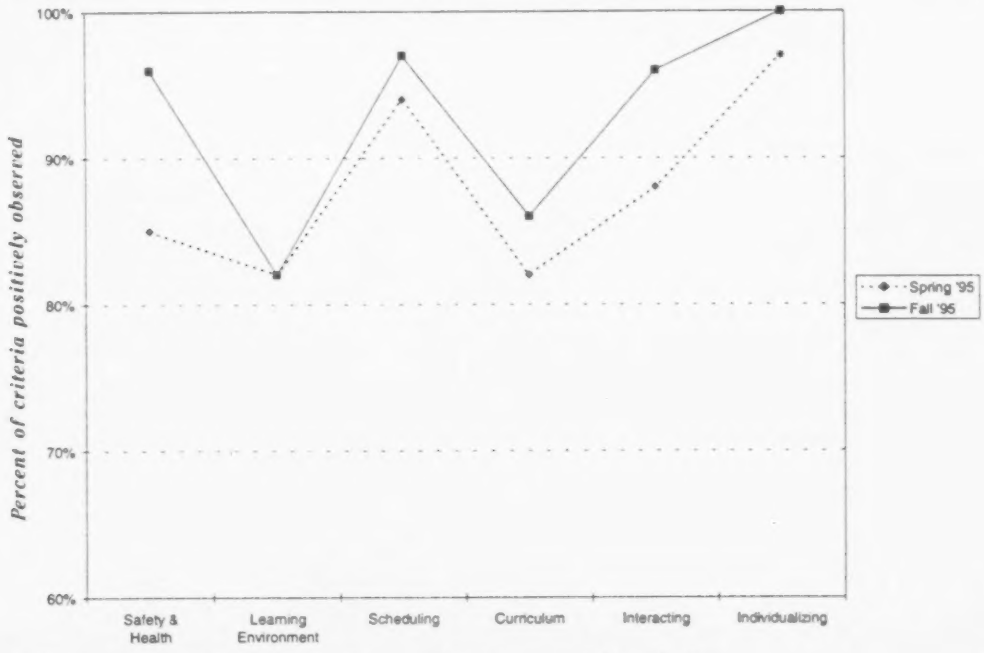
Note. The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

Figure 7. **Results of Pre- and Post-Assessment for Head Start Grantee 2 Following Teacher Training and Mentoring Projects Supporting Accreditation Readiness**



Note. The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

Figure 8. **Results of Pre- and Post-Assessment for Head Start Grantee 3 Following Teacher Training and Mentoring Projects Supporting Accreditation Readiness**



Note. The *Assessment Profile for Early Childhood Programs* instrument was used in evaluation.

Conclusion

Formative evaluation is the means to accreditation. It must be distinguished as the process of self-evaluation versus the product of accreditation. The process of internal, self-evaluation engages staff in a common program goal, stimulates dialogue about classroom practices, and clarifies expectations. Most importantly, formative evaluation reaffirms the importance of program practices and guides necessary changes. Self-evaluation renews commitment, builds program pride, and establishes program direction. NAEYC accreditation led the way in introducing self-study. Through our work it has come to our attention that some programs partially complete the self-study and decide accreditation is not for them because they have not yet reached the standards of accreditation. Other programs, after going through self-study in being accredited, do nothing more in terms of formal self-evaluation until the three-year accreditation renewal. These programs focus on the product of accreditation rather than the process of ongoing program development. We can best support development of high-quality, developmentally appropriate programs for children by placing a high value on the process of ongoing formative evaluation and its application to specific improvement plans.

Formative evaluation provides the methods and process for annual reevaluation, which is essential to the maintenance of standards and continuous improvement. Annual self-evaluation is a criterion (J-2) required for NAEYC accreditation (NAEYC 1991). Because early care and education programs are dynamic environments with continuously changing children, staff, needs, and concerns, ongoing self-evaluation is essential to maintaining program quality. The evaluation process must facilitate the application of self-evaluation to program formative development and specific work plans. Effecting substantive change in teacher beliefs, classroom practices, and administrative procedures requires time for both learning and application. Therefore, a system of program reevaluation must be integrated into an annual work plan.

Formative evaluation is the process that determines accreditation readiness and prepares vulnerable programs to focus on developing improvement plans. In our experience, for the more vulnerable programs, the accreditation self-study may not be enough to ensure continued program development efforts. This is especially true for those programs that approach accreditation as an end, not a process, and programs that are unable to use the self-study materials to organize a plan for program improvement. Perhaps the NAEYC self-study process needs to be expanded or modified to better help programs use data from self-study to develop improvement plans. As the value of accreditation has increased, funding for support projects has also increased. These support projects are particularly important resources for programs that aspire to be accredited but have not yet reached the level of quality required for accreditation. Along with the increased funding is a pressure to produce accreditation as the outcome. Despite this pressure, both programs and funding organizations must understand that growth toward accreditation is an equally significant outcome. We must emphasize the process of self-evaluation as the means to achieve accreditation. In our opinion, formative evaluation is the preparatory process, self-study is the documentation, and accreditation is the product.

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Gayle Cunningham

8

The Challenge of Responding to Individual and Cultural Differences and Meeting the Needs of All Communities

One of the 10 major issues confronting the NAEYC accreditation system at this juncture was described by Sue Bredekamp:

> The NAEYC accreditation system faces the challenge of establishing standards that define a high-quality program and reflect a professional perspective about what constitutes developmentally appropriate care and education, while also being flexible enough (as any good program is) to respond to the individual and cultural differences among the children and families served.
>
> The accreditation criteria themselves have been criticized for reflecting a bias toward white, middle-class childrearing practices and values. In addition, the standards need to be reviewed to reflect current approaches to accreditation that are more consumer driven. (1995)

The NAEYC accreditation criteria and system have made a tremendous contribution to the improvement of early childhood programs in America. They synthesize the most current knowledge and thought on supporting young children's development into a clear statement of expectations for quality programming. Even experienced practitioners have welcomed these criteria, using them as a guide to program and staff development and improvement. From my experience and in response to the above stated challenge, I will describe my own involvement with the accreditation system and early childhood programs.

I was teaching and coordinating the associate degree program in early childhood education at a community college, providing consultation to several Head Start programs, and conducting CDA assessments, when I had the opportunity to be among the first people trained as accreditation validators during the NAEYC Annual Conference in New Orleans in 1985. Since then I have made several validation visits to programs and have served on several commissions to review the work of programs and validators and to make recommendations about accreditation. More significantly, in 1986, determined to see how good a Head Start program could be, I became the director of a relatively large Head Start program that was in "high risk" status.

In May 1994, as we awaited notification of the results of validation visits to the first 13 of our centers, one of our teachers reminded me that

when I met with them for the first time in May 1986, I proposed that we set as our goal accreditation by NAEYC's National Academy of Early Childhood Programs. In fact, much of our work together in the eight years until these first centers were accredited focused on providing the highest quality programming possible, using the accreditation criteria as our guide and in the process achieving accreditation for our centers. This year another 16 centers were accredited, and we anticipate accreditation of the remaining ones, most relatively new, and of our Parent Child Center within the next two years.

Accomplishing accreditation required significant upgrading of our facilities, including the playgrounds, which were especially costly to improve. We have focused on training, ongoing staff development, and career development, with the support of an expanded training staff, a unique early childhood resource room, and a special collaborative relationship with a local community college. We have also developed a procedures manual for all aspects of our program's operation, integrating the Head Start Performance Standards, Alabama day care licensing regulations, and NAEYC's accreditation criteria. We believe that all of this will result in the ongoing maintenance of quality programming for our children and families.

As we have worked to develop a high-quality program that meets accreditation criteria, we have thought hard about the issues of flexibility and appropriateness. We are located in Birmingham, Alabama, and our children are predominantly African American. Most of our 60 Head Start classrooms are located in public schools in six different school systems, so our facilities are not all ideal. Our expectations regarding staff qualifications, inservice training, and classroom practice differ from and exceed those in most other early childhood programs in our community. And we have felt the challenge of the question about whether what we do in our efforts to be a developmentally appropriate program is culturally appropriate for the majority of our children.

We believe that our program is entirely appropriate for all of our children, and we work hard with staff to assure that each child's culture is respected while we support and encourage optimal development. The accreditation criteria have proven to be flexible enough to respond to the individual and cultural differences among the children and families we serve. These standards require respect and consideration for all races, religions, and cultures; the availability of multiracial, nonsexist, nonstereotypical pictures, dolls, books, and materials; and diversity through the periodic serving of foods from children's various cultural backgrounds. The criteria may, however, need strengthening in the area of sensitivity to and primary focus on children's own cultures.

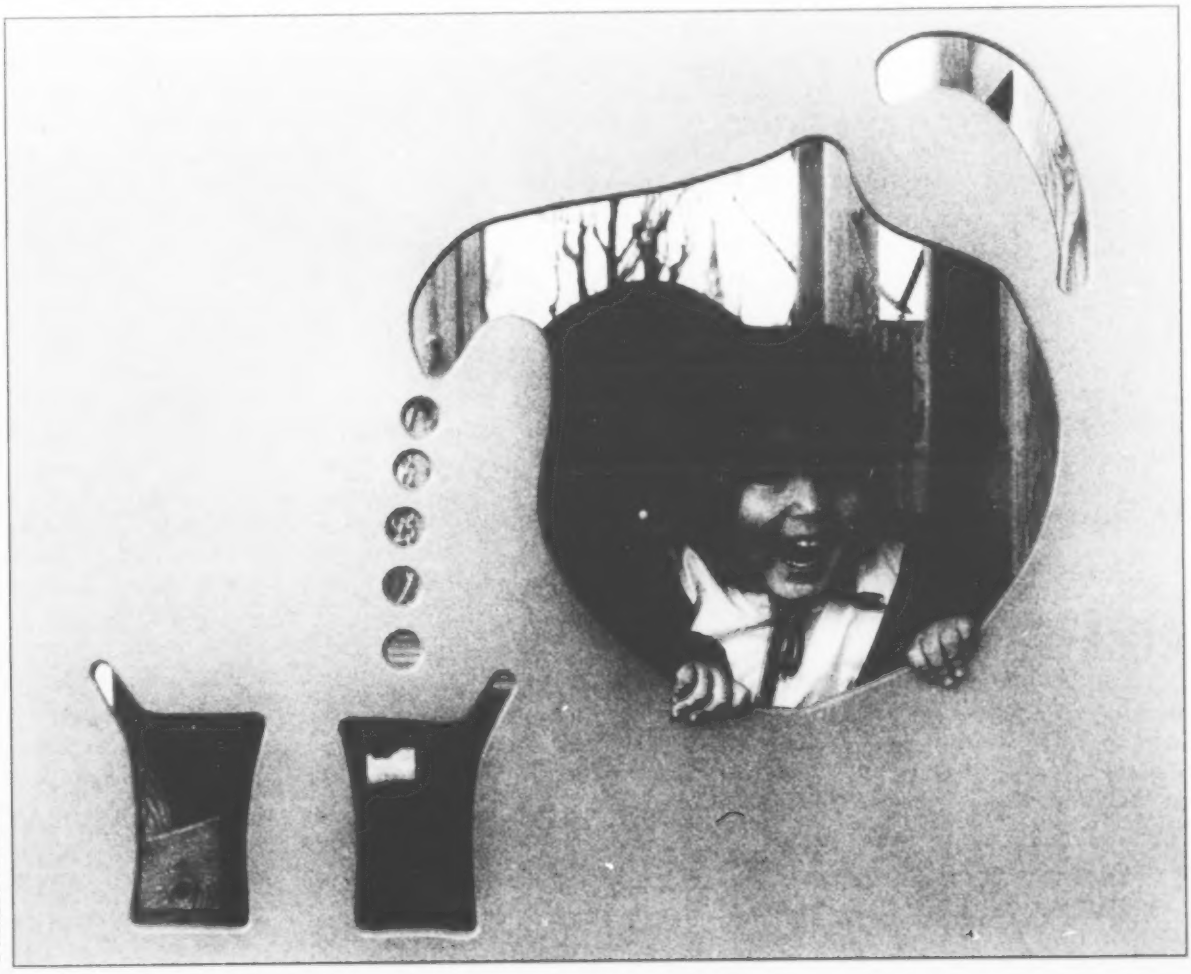
Head Start has been more explicit in asserting the importance of culture in early childhood programs. *Multicultural Principles for Head Start Programs* (Head Start 1991) states that "the cultural groups represented in the communities and families of each Head Start program are the primary sources for culturally relevant programming." Indeed, ours is an increasingly diverse society in which occurrences throughout the nation and world are not only known to us but also affect us. Our children in Alabama need to be aware and respectful of other cultures and peoples and capable of relating to them on an equal basis and in a capable manner. They must function fully within a diverse society. The Head Start Multicultural Principles criteria help us to achieve this. The first task for young children is understanding themselves, but too often in our zeal to achieve the goals of multiculturalism, we burden young children with inappropriate expectations based on our own and our society's shortcomings. It is, perhaps, quite likely that our own modeling is the best teaching example we can provide.

We must take care not to take a one-size-fits-all approach to determining what is an appropriately multicultural, antibias environment. Several accreditation criteria emphasize the importance of materials that reflect the diversity in our society and avoid stereotyping of any group, and this is as it should be. The criteria reflect the principle of fostering in every child both a positive self-image and a respect for all groups of people. The problem arises in accreditation when some validators interpret the criteria too literally. The concept of "equal respect and consideration" (in criterion A-4) becomes to the validator, "Does the program have an equal number of Black and White dolls?" In a classroom with all African American children, we believe it is more important to have plenty of Black dolls in order to reinforce children's developing self-image. After all, children in our society experience positive images of European Americans

wherever they turn. The point is that validator training needs to place strong emphasis on the principle articulated in the criteria and the fact that it may be achieved differently in different contexts.

The question of the cultural appropriateness of the whole accreditation system, and specifically developmentally appropriate practice, has been raised in many communities and especially among African American practitioners. In response, I must ask, "Is there a Black or African American early childhood tradition? Are there aspects of what we call developmentally appropriate practice that are not appropriate for Black children? Or is there a greater gulf than we have acknowledged between many Black practitioners (and, perhaps, other practitioners) and modern-theory-and-practice recommendations in the field of early childhood education? Is there, perhaps, confusion between the message and the messenger, when the accreditation criteria are criticized for reflecting a bias toward White, middle-class childrearing practices and values?

My own schooling began at age two in the nursery school of a southern Black college. I remember rhythm bands and blocks, crayons and clay, singing and finger play, lunchtimes and naptimes. Such a program was typical of many throughout the nation in the early 1950s. Its main elements reflected the theory and practice of the early childhood field, evolved over many years. In the 1980s this body of knowledge and accepted practice was brought together and articulated as "developmentally appropriate practice." In more than 20 years of work in early childhood education, I have not become aware of Black early childhood programming, and I am unable to



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identify any developmentally appropriate criteria that are inappropriate for Black children.

There are, however, other possibilities. In many colleges and universities, we know that for many years early childhood education was simply the first (and watered-down) level of elementary education. Do we know the extent to which this has really changed? Could Black colleges and universities be among those that have been slowest to change? NAEYC has done a magnificent job in the areas of identifying developmental materials, defining appropriate training, and developing an accreditation system. But do we really know the extent to which the most up-to-date knowledge about early childhood education is available throughout the nation's colleges and universities?

As we look at the masses of those providing early childhood programming, whatever the setting, there are other questions that may need to be explored. Could the characterization of the accreditation criteria as White and middle-class simply mirror a similar characterization that is sometimes attributed to NAEYC? Although many of us know the organization to be diverse, culturally sensitive, and welcoming to all, it is not always perceived that way in minority communities. Perhaps this is an area in which we need to focus more effort.

When we look at the actual level of training of those caring for children across the nation, we must admit that too many caregivers are poorly trained, if they have received any training at all. This picture, perhaps, is true especially in low- and middle-income communities where child care is often a business activity and profit is the primary motive. The delivery of high-quality early childhood programming requires well-trained staff. And training staff is costly. Outside of Head Start, where training funds do exist, trained staff are scarce. And many for-profit child care providers have limited resources—in some cases, motivation—to invest in staff training.

At the heart of the quality issue seems to be economics. Have we examined the real cost of developmentally appropriate practice? In addition to the cost of training staff, what does a program spend to set up and maintain well-equipped learning centers and a safe, appropriate playground? The investment for our program in Birmingham was tremendous, but it was supported and encouraged by Head Start. How do these costs affect the budgets of for-profit centers serving middle- and lower-income families? Should we focus now on finding ways to make developmentally appropriate practice more affordable for programs?

Or should the focus continue to be supporting as many programs as possible through the accreditation process and continuing to raise the level of quality available as well as the expectations of quality by consumers? Many parents do not have many options in regard to child care. When given a choice and educated about the options, we believe they will choose quality. Continuing our efforts to inform parents about what quality programming is and supporting their advocacy for better quality in the programs that care for their children certainly make sense. As the number of accredited centers grows in a community, parents will have choices and all providers will have a greater incentive to invest in quality.

NAEYC and the accreditation system have made a tremendous contribution to the availability of quality programming for children throughout this nation. If not one word is changed in any criterion, the accreditation will continue to guide program improvement, even for programs that do not complete the process or not. But it is possible that, with adjustments and redirection of effort to better meet the needs of minority and low- and middle-income practitioners and communities, the accreditation system can promote quality programming for many more children who greatly need the advantage of the best of care in their early years.

This opportunity to reflect upon the first 10 years of the accreditation system is deeply appreciated. I look forward to our work together and to the improvements in the system that are certain to result.

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Lori Harris, Gwen Morgan, and Peg Sprague

9

Facilitated Accreditation Project

Through its Funds for Dependent Care Initiatives, IBM Corporation has contributed to the expansion and development of child care centers in communities where quality of care was identified as a concern. To that end, a project was designed to increase the number of centers participating in NAEYC accreditation, through payment of accreditation fees and funding of local support systems to facilitate the accreditation process. IBM believed that participation in the NAEYC accreditation process encouraged centers to focus on the quality standards set by NAEYC and to engage in a process that, in and of itself, enhanced program quality.

Introduction

Work/Family Directions, Inc., (W/FD) administers the Funds for Dependent Care Initiatives, a five-year fund for development of programs and initiatives to meet IBM employees' dependent care needs. The early childhood team in the development division of W/FD was charged with the design and the implementation of the project.

The pilot phase of the project occurred during 1990–92, with the first groups getting started in 1991. Groups of up to 20 centers in targeted communities were formed to meet the needs of IBM and its employees. These groups were facilitated by a local agency, such as a resource-and-referral agency or an NAEYC Affiliate Group; the facilitator met with the directors of participating centers as a group for an hour every month for technical assistance and to demystify the accreditation process. The facilitating agency was funded for one year; however, no deadline for completion of accreditation was imposed. Centers were encouraged to complete the process but to set their own timelines for completion. Even though it was not clear how many would become accredited in the first year, the expectation was that centers would improve the quality of their programs with the hope that accreditation would be achieved in the future.

All fees for accreditation were paid by IBM. In addition to the fees, every center had access to early childhood consultants who were available to centers as they started to identify their needs through the self-study process. Additionally, mini-grants were designed to give centers a small fund ($1,000) for physical improvements to the center. Although in some cases the staff were feeling the impact of programmatic changes, the impact for families using the care was not as obvious. Providing funds for making some of the physical improvements necessary to meet NAEYC criteria or for enhancing the center's "curb appeal" made change more visible to families.

Project models

Eleven cities were included in the pilot phase of the project: Raleigh, North Carolina; Endicott, New York; Westchester County, New York; Charlotte, North Carolina; Austin, Texas; Poughkeepsie, New York; Atlanta, Georgia; Kingston, New York; Dallas, Texas; Danbury, Connecticut; and Hartford, Connecticut.

In each of the cities, a request for proposal was sent to key agencies or groups that worked with child care centers. In all but one of the cities, Hartford, the facilitating agency was the resource-and-referral agency in the community. Given a knowledge of centers in the community and experience in providing support and training, the resource-and-referral agencies were typically well positioned and qualified to manage the project. Cities selected to participate in this project had to meet the following criteria:

- be located in an area where quality of center-based care available to the funding companies' parents has been identified as an issue;
- provide evidence of a sufficient number (minimum of 8, maximum of 25) of centers serving the funding companies' families or be located in areas with high corporate need and be willing to participate in NAEYC accreditation; and
- demonstrate the capability of providing the support system needed to implement the project.

All centers within each group had to meet prescribed criteria and fulfill these steps in the process:

- currently serving, or located in an area likely to serve, the employees of IBM;
- agreeing to participate in the accreditation and completing an acknowledgment form by the board of directors and staff;
- providing a letter of agreement for the center's participation, signed by the center director;
- having, upon enrollment in the project, staff-child ratios and group sizes within 30% of the range established by NAEYC; and
- sending information to W/FD, which assigns a number to the center and gives a letter of authorization for submitting to NAEYC along with the center's application for self-study materials.

As the IBM-funded pilot phase neared completion, the American Business Collaboration (ABC) for Quality Dependent Care was in the initial stages of identifying projects in cities where they had strategic business needs. Accreditation was funded for 14 cities, 11 of which were implemented in the period from 1992 to 1994: Atlanta, Georgia; Santa Clara, California; Stamford, Connecticut; Ft. Lauderdale, Florida; Raleigh, North Carolina; Rochester, New York; Minneapolis, Minnesota; Tampa, Florida; Boca Raton, Florida; Region II, New Jersey; and Region III, New Jersey. Projects in five of the cities, Atlanta, Santa Clara, Stamford, Ft. Lauderdale, and Rochester, have finished all of the facilitated meetings and continue to work with their centers individually.

In most cases, centers in these locations not having submitted their program descriptions were given the names of NAEYC mentors in their area so that they could access additional support. In Rochester, the project facilitator keeps in touch with the centers by phone, encouraging them to persevere. In both Atlanta and Rochester, where new groups have been funded, centers from the first group who wanted to audit current meetings were welcomed. Tampa, Raleigh, and Minneapolis received extensions beyond the one-year timeline. The Tampa and Raleigh groups need more time to work on ratios and improvements. The Minneapolis group is finishing up its last few meetings and using mini-grants for support. The other three projects, Boca Raton and the two New Jersey groups, are still in progress because of a long contracting process or enrollment process or both.

Feedback from the facilitators and the participants in the pilot phase led to some changes in the project model. The first was the process of receiving materials. Initially centers were given a letter of authorization for fees and were expected to fill out the application for self-study materials and send it in to NAEYC's National Academy of Early Childhood Programs. Unfortunately, center directors did not send in their applications all at the same time, so some of the centers in the group did not have the materials until well into the year. As a result, it was decided that all of the applications for self-study materials should come to Work/Family Directions and would be forwarded to NAEYC in a batch with one letter of authorization. This change allowed all of the centers to receive their boxes at about the same time, which made the groups run smoother and the tracking and bookkeeping for NAEYC and W/FD simpler.

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Another model change was developed in response to centers' request for support to continue beyond one year. In the pilot cities the meetings were extended so that centers could receive a few more months of support. In 1995 the facilitation fee was increased and the time frame expanded to cover 18 months.

The materials and reports were redesigned to make them easier to use, and then they were compiled into a notebook for the facilitating agency. The notebook contains the information necessary to enroll centers as well as all the quarterly, mini-grant, and consultant reporting forms. Information to help a program redesign its brochure to highlight center accreditation was developed and included along with a facilitator's training guide. A "Facilitator's Role" tip sheet with approximate-time expectations was developed both for the request-for-proposal process and as a tool for facilitators. One of the new roles of the facilitator was to visit each center participating in the project at least once.

Work/Family Directions also realized that it needed to reinforce its requirement for centers to be within 30% of the NAEYC range for group size and staff-child ratio before submitting their program description. It was not clear in materials or discussions that the expectation was to meet the ranges; therefore, this feature was more fully explained and emphasized with the centers and facilitating agencies.

Analysis of results

The expected outcome for this project was that centers serving the employees of the funding companies would initiate and participate in the process of self-study. It was not certain how many of those centers would go on to complete the accreditation process or if the percentage of those submitting applications to the Academy would be greater than the number of centers not involved in a support group. This analysis primarily focuses on the pilot phase of the project and those cities in the American Business Collaboration that have completed the monthly meetings. It takes into account the following factors: changes made to improve quality as reported by centers, factors that affected participating programs' ability to achieve accreditation, and center directors' feedback on the value of a facilitated model. An example of one very successful project is given on page 95.

Participation in the accreditation process is designed to increase the quality of care in centers. Participants assess their centers' policies and practices, the classrooms, the administration, and interactions for making improvements based on their program goals and philosophy and the criteria established by NAEYC. One of the main outcomes of the self-study, as reported by center directors, is the change that occurs in the center. The more the center "buys into" change as a positive force, the more likely positive outcomes will be achieved.

In Austin, Texas, 8 out of 20 centers reported that t[illegible] made changes in staff relations—a 40% reported change. When figuring the percentage of centers whose programs were accredited, it was informative to compare the total accredited to the total number of centers and the number accredited to the number submitting the program description. In the pilot group, after nearly three years, just about 50% of the centers submitted their program descriptions, and from that group 82% were accredited. That same 82% decreases to 40% when accredited programs are compared to the total number of participating centers. The IBM pilot phase will be compared in the future with success rates over a three-year period with ABC projects.

Centers participating in the IBM project reported change after they had completed the classroom observations and were making improvements in their centers. Specifically, directors were asked to detail any changes they had implemented in the center since participating in the facilitated accreditation project. They were asked to highlight what changes were made with consultant assistance and to include additional comments on the impact this process had on their program and on improving quality. Center directors were asked to identify any barriers they encountered and the steps taken to overcome them. Reports indicated that the changes were occurring in many areas, but were concentrated in a few major categories. In fact, nearly every center in the pilot (more than 90%) reported that they had made at least one change, and most centers reported change in multiple areas.

It has become apparent that it takes two to three years after the project year, at least, before conclusions can be substantiated, since it takes

that long for centers to make the changes necessary to submit their program descriptions and have a validation visit. Although becoming accredited was never intended to be the singular benchmark for success with this project, it is an outcome that funding companies want to track. Therefore, in order to report the true impact of this project, it is important to monitor the progress of centers after the funded year. This is being accomplished through quarterly reporting sent to W/FD from NAEYC.

It is clear that the goal of participation in self-study has been achieved. The pilot phase of the project included a total of 195 centers and the ABC phase includes 324 centers, making a total of 519 programs. Clearly, some of these programs would have participated in self-study on their own and become accredited, but there is a large group that would not have participated for a variety of reasons. Many of the programs would not have been able to afford the cost of accreditation, and although the Academy has gone to great lengths to keep the cost to centers reasonable, it is still out of reach for many. Some of the programs had not been aware of the value of being accredited. Some of the programs would not have participated without the support of a group. One of the comments that was common in every group was that directors valued the peer group for support, and in a few communities the director's support group survived the project year. One director said, "This has given me a sense of connectedness to other centers who have been accredited and to those working toward it; it keeps me motivated."

Changes reported

The directors were asked to report on changes they had implemented since starting the accreditation process.

Program and curriculum

Programmatic and curriculum change was by far the most significant change reported. This category includes actual curriculum change, policy changes as related to program, more age-appropriate and child-initiated activities, and improved large-motor activities. Many centers had to make drastic changes, going from using dittos and whole-group activities to creating a more developmentally appropriate environment. In order to make this shift, centers had to purchase new materials, many of which were paid for with the mini-grants. Most of the materials needed were multicultural in nature.

Some of the other programmatic changes involved setting up snack centers in the preschool rooms and implementing family-style dining, which allowed children to serve and feed themselves.

Many of the centers made changes in the room arrangement to accommodate learning areas. The consultants in several of the cities spent much of their time on this topic. Cozy corners and private spaces were added, block corners were organized and labeled, and space was reconfigured to have a greater child-eye-level orientation. Environmental planning extended outdoors as well. In Austin so many of the centers wanted consultant help with playgrounds that a playground specialist/designer was invited to attend one of the monthly meetings. This also proved to be a cost-effective way to provide consultant assistance to a number of centers at the same time.

Many centers reported changes in making the program more child-focused and less teacher-directed. This emphasis, in turn, resulted in fewer discipline problems and a more pleasant environment in which children had materials and choices. One program director commented, "One major improvement we have noticed in the center is in behavior. Children seem to be more involved and they have less time to get into trouble."

Staff communication

One other significant area of change was in staff communication. This category includes staff training, such as a new orientation procedure; policies, such as developing a new staff handbook; and benefits, such as providing new health coverage. Nearly every center reported improved communications overall. One director from Raleigh, North Carolina, reported, "This accreditation process has had a tremendous impact on improving all communications at the center, be it parent to staff, staff to staff, staff to child, or administration to staff."

Improvements in staff training were reported by nearly every center; training options ranged from inservice training to credit-bearing training from outside sources. One center reported that the

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training had a great effect on the tone of the staff-child interactions and assisted the staff in creating quality interactions between the teachers and the children in their care. Most of the training was inservice and dealt with such topics as developmentally appropriate practice, emergency procedures and evacuation routes, curriculum development, and multicultural/antibias materials and curriculum. At least one center developed a program coordinator position among present staff and for each age level; another established a continuing education fund for staff.

Multicultural focus

A large portion of the mini-grant money was used to strengthen the multicultural focus. Books, dolls, posters, and other resources were purchased to add diversity not only to the dramatic play area but to various other learning areas of the classroom. Other equipment purchased included sand and water tables, woodworking materials, and manipulatives. Most of the centers also included staff training to develop culturally appropriate curriculum. One of the centers is developing strategies for working with non-English-speaking families, while another redesigned its employment application to eliminate any discriminatory statements.

Physical improvements

Most of the centers in the groups had to make some physical improvements to their centers. Some centers had the capacity to supplement the $1,000 grant and finance a large project, while others had to stay within the $1,000 limit. All of the physical improvements focused on areas that needed to be improved to meet the criteria from the self-study. This connection was a critical one for parents and staff since it linked the self-study to something that was visible. Larger projects funded included new playground equipment, pea gravel under playground equipment, and a new floor for a back-porch area. Other large projects included adding new bathrooms and lowering the sinks in a toddler room so that children would have easier access to running water. Some centers added screens to windows, replanted the grass in the yard, and added trees for shade.

Staff training, curriculum and programmatic change, and physical improvements are so interrelated that it was sometimes difficult to decide in which category to place a change. For example, when a center reports that the classrooms have been changed to include learning areas with new materials, this is both a physical change that changes the environment and a curriculum/programmatic change.

Parent relations

Some of the changes identified were the addition of developmental progress reports, a new parent handbook, and a revision of center health policies. Since the self-study requires feedback from parents through a parent questionnaire, it was determined that some of the questions asked in that questionnaire would provide insight into how parents perceived the center without it having to do a separate poll.

Centers participating after the pilot phase were asked to report on the number of questionnaires disseminated and the number returned. Directors were asked to report on parents' reactions to four statements:

- The program has a plan for helping new children to feel comfortable by including a visit before enrolling, having a parent meeting, or gradually bringing in new children.
- Teachers and parents talk about how the family and staff handle different aspects of childrearing, such as discipline, feeding, toileting, and other important issues.
- There are many ways for parents to take part in the program, such as visiting and helping in the classroom, taking trips, participating in parties, or sharing a meal/snack.
- Personally, I feel that the teachers have a good attitude toward me and my child.

They responded "don't know," "no," "yes," or "not applicable." Centers were also asked to include the aspects parents liked best about the program and to list any ideas parents suggested.

The pilot projects did not require this parent-response component, and the responses from the ABC-project cities are incomplete. However, preliminary results from Rochester, Stamford, and Santa Clara, indicate that overall, based on the questions we asked them, parents are satisfied with the programs they are using. There are always a few people whose response is "don't

know," and the center generally reports either that the parents should know because they tell staff how they feel or that they are new families who just "don't know" yet.

One program responded to parents in a unique way that deserves recognition. This particular center in Stamford, Connecticut, published a "report to parents" on the results of the survey. They addressed any statement that received two or more "don't know" or "no" responses. For example, for one statement (which W/FD does not include on its reporting form)—"Teachers give parents specific ideas for promoting children's healthy development at home"—the center reported that four parents responded "don't know" and three, "no." The Stamford center replied to parents, "We are exploring ways by which we can do a better job with this, ranging from providing parents with articles to sponsoring parent workshops."

For the statement about ways for parents to take part in the program (which W/FD asks), the center found that some parents were unsure about opportunities for participation. Stamford addressed this by this communication to parents:

> Our door is always open to parents. Visiting and helping in the classroom are much appreciated. We haven't yet planned field trips (applicable to preschool only), but when we do we will certainly be looking for parent volunteers. We've enjoyed lunchtime visits from many, and we would certainly enjoy more. As we grow, we will be calling for volunteers for projects, such as building an outdoor storage shed; building outdoor playground equipment, such as hollow blocks and boxes; and other big jobs that require many hands to make quick work. Many parents have contributed things, such as shirt cardboards, blueprint paper, computer paper, milk cartons, cookie dough, and so forth. These supplies are greatly appreciated! We've had parents visit to tell us about what they do, and, of course, we've all enjoyed birthdays. We are always open to suggestions. Please don't be shy!

Another center reported to W/FD the following comment from one of its families, "Compared to other programs with which I am familiar, this center goes to extraordinary lengths to communicate with parents on a wide variety of subjects, including program content, my child's development, and goals. This is accomplished through the use of a monthly newsletter, parent-teacher conferences, daily interactions, and a highlights video. Each of these vehicles is excellent, and I know of no other program in this area that goes to such lengths to keep us involved."

Nearly every negative comment and most suggestions concern communications. Almost every positive comment—and there are many—highlights the nurturing and loving quality of the children's environment. Most centers had at least two or three comments from parents on the staff and on how much the parents feel their child is loved. Even in situations when the parent has a negative comment, it is balanced with a comment, such as "but my child loves coming and is learning a lot, so . . . ," modulating the negative comment.

Health and safety

Health and safety changes fell primarily into a two categories: injury prevention and facility issues regarding fire and building safety and disease prevention. More of the changes occurred in the injury-prevention arena, probably because there are regulations in every state to address fire and building safety and disease prevention, but not necessarily injury prevention.

Centers added cushioning materials under the climbing structures, improved their hand-washing procedures, implemented a regular fire-drill schedule, and ensured that cleaning supplies were appropriately stored and secured. In addition, safety bars were added to changing tables and gates installed to the diapering area. New accident reports were developed and used, and in one center a water heater was installed under the sink to control water better and to monitor temperature.

Ratios and group size

Ratios and group size are subjects of great interest to Work/Family Directions. Research indicates a strong link between ratios and group sizes and the quality of care. It links the ability of caregivers to adequately meet the needs of individual children with the number of children one caregiver is responsible for. As a result, however, based on W/FD's experience to date, corporate consumers report their confusion at the apparent discrepancies in group size and ratio among accredited centers, particularly when moving from one state to another. Although in granting accreditation, NAEYC considers these two criteria in

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relation to how the center meets all of the other criteria, this process is not readily discernible to parents, and W/FD suggests that continued attention be given to this topic. W/FD's early childhood development team, in establishing quality standards for funding, determined that the ranges established by NAEYC for ratios and group size should be the prevailing benchmark. These criteria are included in each category of funded projects: new centers, expansion, and accreditation.

Factors affecting accreditation

External factors affected the centers involved in the project in a variety of ways, depending on the community. It is important to recognize these factors in communities to evaluate the differences in the outcomes.

Regulations

Regulations played a significant role in these projects. It is logical to assume that there would be more centers achieving accreditation in states with regulations that establish a standards floor very close to the criteria established by NAEYC. In this project this assumption proved generally true, although it was not always the case. Very few centers in Austin and Dallas were accredited through this project, although many of them made changes in curriculum and program. In fact, less that 20% submitted their program descriptions, and of that group less than 20% were accredited. When the state of Texas created a floor that allows one caregiver to take care of fifteen 3-year-olds, or eighteen 4-year-olds, or six 1- to 2-year-olds, it puts tremendous pressure on the center to make changes, given the long-understood QCA "trilemma" (Quality/Compensation/Affordability) in the early childhood field.

In one of the North Carolina groups, the facilitator said, "Workshops for group sessions have been great. Information has been well received, with lots of group participation. The problem, as I see it, is the directors' lack of motivation to consistently work at completing the process. I believe our inadequate state laws allow directors to become complacent and cause considerable lack of interest in voluntary improvements in quality. Although the directors in this project understand

the importance of quality care for children, they don't get the support from parents (cost issues) and owners (cost/change issues) to feed their motivation." Regulations certainly seem to have played a significant role in change in both Texas and North Carolina.

In contrast, New York has regulations that meet and, in many cases, exceed the criteria; three of the four cities from New York in this IBM project had more than 50% of the group submit their program descriptions. Of that 50% more than 90% were accredited. Staff-child ratios are not the determining factor for accreditation since they are considered in the context of the overall program. But when the regulatory climate is such that ratios double (or nearly so) the range established by NAEYC, it is difficult for staff to implement curriculum that is appropriate for each child.

Community variables

A key factor affecting the success of the project is the strength and commitment of the facilitating agency, as demonstrated in the level of support for the project within the agency overall and the unique talents of some of the facilitators. Certain facilitators were able to motivate and excite centers about the process of continuous improvement, which led naturally to accreditation. When the facilitating agency had worked before with centers on accreditation, they had established relationships within the center community that made it easier to recruit and maintain participation.

Another factor that affects accreditation is the general quality of providers in the community. If centers do not have access to good training and the regulatory climate is not supportive to training, the quality of care is different from that in a community with regulatory support.

The overall infrastructure in the community and the types of centers also affect the accreditation process. The infrastructure relates to the regulatory environment discussed above and to the demographics of the population. The types of centers relate to the variety of centers that are in a community and the quality they represent. If most of the centers in a community are exempt of licensing or are not required to meet even minimal standards, any centers striving to meet higher standards may encounter barriers not experienced in other communities. As expected, if most families are using low-cost, lower-quality care that is exempt from licensing or meets weaker licensing standards, the quality of care in the community is affected.

Timing

The time of year for accreditation implementation had an impact on the timelines of the enrollment process and the self-study process. Recruitment of centers worked best when the process went through the late spring and summer months, with the intent that the group meetings would start in the fall. The next best time to start group meetings was in January. The center directors generally did not want to or could not meet in the summer, so starting group meetings in the spring did not work as well. A consideration for currently funded projects is to delay the project, if necessary, to start at the optimal times, but this could cause slacks of as much as six months in some cases.

Meeting participation

The expectation that center directors would attend 12 meetings was not fully met. The typical reason given was that the director could not leave the center that day. This dilemma was handled a few different ways. In one of the cities, directors of the participating centers signed a letter of agreement indicating that they would come to all of the meetings. Without consequences to use as leverage, however, their agreement had limited success.

In an attempt to address this issue, attendance at group meetings was one of the determining factors in the dollar amount of the mini-grants received in several cities. Work/Family Directions, Inc., specified that each center would get up to $1,000, but it was up to the discretion of the facilitating agency to determine need in its group. In most cities the money was divided equally, with each center receiving a full $1,000, and in those cities there were some centers who rarely sent someone to the group meeting. In the cities where attendance was a factor by being tied to the mini-grants, there was greater participation at the group meetings. For example, in the second-phase Atlanta group in which this policy was put into place, only three programs' directors attended less than six meetings; all of the rest of the programs had directors attending seven or more meetings, with four attending nine or more meetings.

Example of a successful model

To date, the most successful city in the project is Westchester County, New York. Eighteen centers participated in a group facilitated by the Child Care Council of Westchester. Sally Ziegler was executive director and the late Cate Reilly was project manager; facilitators of the group meetings were Helen Verdiccio and Cate Reilly. A pool of assembled consultants made their services available to the centers. Of the 18 centers, 16 (89%) submitted their program descriptions, and all were accredited on the first submission, none deferred. It took the centers two years to achieve these results, with eight centers becoming accredited in mid-to-late 1992 and another eight in 1993.

In many ways the Westchester project looked just like the other projects: there were monthly group meetings, some of the centers moved quickly through the process and achieved accreditation, and the rest of the group remained in self-study, using mini-grants and consultants to make changes. Cate decided to stretch out the number of meetings and had the support of the agency to extend her commitment to the centers with no additional cost to the funding companies. The end result was that centers felt supported by Cate and Helen for the entire two-year time frame, and that seems to have made the difference.

One of the other factors that affected Westchester's outcome, in Cate's opinion, was that after the first half of the group became accredited, there was enough of a critical mass of accredited centers to leverage higher-quality expectations among parents in the community. Families using the centers became aware of accreditation and then eventually expected it in their children's center. This unique interplay of strong support to centers during the self-study and growing awareness of the value of accreditation among consumers had an impact on the community as a whole and created "magic" in Westchester.

Another factor affecting this "magic" was the encouragement of continuous improvement to meet the variety of needs in the community. Cate related, "During our discussion (at the September group meeting), directors were struggling with the sudden realization that parents, staff, and community come to the centers bringing different perspectives. To successfully complete accreditation, each group needed to understand a larger communal set of assumptions than any one of them had fully realized. It brought forward a whole new understanding of *accountability*."

Conclusions

Judging by the number of centers involved in self-study or having achieved accreditation (195 participated in self-study, with 83 becoming accredited), the pilot phase of this project has achieved its intended goal. The feedback from center directors indicates strong support for a facilitated model and positive outcomes when several key variables are in place. The strength of the local agency and the facilitator, the regulatory climate, and the local and state early childhood infrastructure all influence likely outcomes. In that regard, it is important to ensure that these features are understood and effectively addressed during the request-for-proposal and enrollment processes.

Success in this pilot project can also be measured by the number of centers making changes to their programs. Almost every center made at least one change, and the changes that have been reported encompass all the key areas. Centers have reported changes in program and curriculum, staff training and relations, parent relations, health and safety practices, ratios and group sizes, multicultural activities, and the physical space (see pages 93–95).

It is clear that this is a model that can be replicated across the country and can work in many different communities. We now better understand the impact that the features of the model have on the likely outcomes of a project, such as timing of project initiation, the types and degree of changes centers make, the way the mini-grants are used, attendance at group meetings, and all the centers in the group receiving their self-study materials at the same time. We are interested to see how these features affect the next group of centers (those funded through the American Business Collaboration for Quality Dependent Care) now participating in the project.

Work/Family Directions has worked with NAEYC to highlight concerns about the process and knows that some of those concerns have been addressed by creating a quality-control position at the NAEYC. Quite often, staff at W/FD visit centers throughout the country and see centers that are

Changes and Benefits Reported by Centers Participating in the Facilitated Accreditation Project

Staff relations

assisted staff with cost of further education, training staff to improve qualifications
compiled evaluation form appropriate for teachers
uniform orientation process for new employees
rewriting personnel policies
using new interviewing techniques that focus on specific qualities
paid planning time
secure area for personal belongings
self-evaluation and improvement plans
checking into health insurance
starting a continuing education fund for teachers
break times for staff
employee handbook
started training teams
training for new infant/toddler staff
extra training to lead teacher
more training opportunities related to room arrangement, infant care, discipline, and age-specific curriculum
encouraging staff to pursue CDA credential
inservice training plan
training on developmentally appropriate curriculum
coordinated age-appropriate staff meetings
regular staff meetings
staff exchanges with other centers
keeping more staff attendance records
teachers utilizing each other as resources
accident/incident report book
team meetings implemented to support program quality

Ratios

reduced ratio in youngest infants' room
divided 2- to 3-year-olds' room into two smaller groups
added a staff member to 2- to 3-year-olds' group, reducing ratio from 8:1 to 5.3:1
added a floating staff member
changed child-staff ratio
added at least two staff in every room

Relations with parents

center newsletter
parent volunteer list
new or revised parent handbook
bulletin board for parents
developmental progress reports for each child at least every eight weeks
established an annual parent evaluation process
feedback to improve the communication process
annual questionnaire pinpointing ways to better serve the needs of families
formal conference times with parents
more cooperation and communication between home and school
new proof of identification policy for child pickup
parent orientations
parent meetings to talk about accreditation and parents' role in the process

Physical improvements

new floor installed on the back porch
new rugs for the classrooms
new shelf units making a more defined area for activity centers
new playground just for toddlers
small equipment added to the playground; old equipment sanded and repainted
trees added and grass replanted in playground
improved appearance through classroom rearrangement
more sensory centers
infant room rearranged
shelves labeled
playground upgraded by adding some new equipment with a storage shed
bathroom sink lowered to enable children to use it without a step stool
new screens for windows
age-appropriate equipment added

Changes and Benefits Reported by Centers Participating in the Facilitated Accreditation Project

Program and curriculum

classroom observations

a new lesson plan designed for each age level

implemented computer management program

changed to a more thematic curriculum

children beginning to serve themselves food

consistent atmosphere from class to class (discipline, materials, and teacher/child interaction)

more musical instruments in all classrooms

room arrangements changed to facilitate a more child-centered environment

balance between child- and teacher-directed activities

curriculum planning/thematic approach

organized materials

expanded services to include infants and toddlers

keeping anecdotal records of children

enriched outdoor environment and planning

creating private spaces and cozy nooks

upgrading supplies and equipment

long-range planning implemented

improved use of interest centers in the toddler room

added learning centers in the infant and one-year-olds' area

activity-center-based teaching; 18- to 24-month-olds' room with dramatic play area and new pillows defining space for book reading

more eye-level, child-oriented design

family-style dining

labeled block center

snack centers in the preschool rooms

fewer dittos and a change to hands-on learning

model classroom created

more "team approach" in program development

soft area expanded in all classrooms

more use of sand and water tables and woodworking

better use of dramatic play areas

math activities

children no longer required to do the same activity at the same time

head teacher hired for infants, toddlers, and twos to improve overall program quality

Response to diversity

wider range of dolls, props, and books to reflect different cultures

more multicultural curriculum, games, and activities

staff training in multicultural curriculum

continuing to develop strategies for working with non-English-speaking families

employment application changed to eliminate discrimination

promoting positive self-esteem for all children

Health and safety

cleaning supplies locked up

more fire drills and review of emergency procedures

new medicine release forms

new and improved hand-washing and diapering procedures

sinks with running water in all rooms

added safety bars to changing table, gate to diapering area

new accident reports developed and used

railroad ties removed from the playground

water temperature lowered and new water heater installed

sand placed under the playground climbing structures

External linkages

"Meetings have provided valuable information and opportunities for a great deal of meaningful interaction among directors and caregivers."

"This has given me a sense of connectedness to other centers that have been accredited and those working toward it . . . keeps me motivated."

"I have had the chance to see how other centers operate and have had the pleasure of making friendships with other directors."

"During the meeting on personnel policies when substitutes were being discussed, two directors, who up until now have never shared anything (considering each other as 'competition' because of their centers being located near each other), sat together and agreed to share substitute lists. Both directors expressed their delight with the attitude of *camaraderie* they feel in the group."

"The group approach to accreditation has enabled us to work together to raise the level of high-quality child care in Atlanta."

Changes and Benefits Reported by Centers Participating in the Facilitated Accreditation Project

External linkages (continued)

"This program definitely improves the quality of programming and heightens the perception of professionalism in the child care industry."

"The changes have had a tremendous positive impact on the parents, staff, and most importantly on the children."

"The accreditation process has given the staff new life, and increased interest in early childhood education. Parents and board members are excited by the whole process and welcome the wealth of benefits for the children. We all feel better about ourselves and our contribution to the future of our children."

Other comments

"This accreditation process has had a tremendous impact on improving all communication at the center, whether it be parent-to-staff, staff-to-staff, staff-to-child, or administration-to-staff."

"The support of the project participants and the experiences of others in all of these matters has been most helpful."

"Staff members feel good to realize that right from the start they *were* following most of the NAEYC guidelines; making some adjustments and changes to routines was not an overwhelming task."

"The self-evaluation has been a nonthreatening, positive, learning experience for our school. We have evaluated that we are doing a fine job with the children, but we have also learned about areas we could improve upon in our program and have set forth to do so."

"Since we have operated a well-respected, good program for many years, some long-term staff have felt that changes were not necessary. This self-study has forced the teaching staff to evaluate how changes could impact the program."

"Workshops for group sessions have been great. Information has been well received, with lots of group participation. The problem as I see it is the lack of motivation in directors to consistently work at completing the process. I believe our inadequate state laws allow directors to become complacent and cause considerable lack of interest in voluntary improvements in quality. Although the directors in this project understand the importance of quality care for children, they don't get the support from parents (cost issues) and owners (cost/change issues) to feed their motivation."

"Trainings have provided a great effect on the tone of staff-child interactions . . . and have assisted our staff in the process of creating quality interactions between the teachers and the children in our care."

"As an example of growth in a program, one started with peeling paint on the walls, little or no equipment, and far too few toys. The rooms are now arranged in interest areas and are fairly well equipped. The facility has been painted, teacher-child interactions are very positive, and developmentally appropriate activities are provided."

Barriers to Achieving Accreditation Reported by Centers Participating in the Facilitated Accreditation Project

equipment: many centers in need of rugs, equipment; lack of gross-motor equipment; expense of having to buy so many items at the same time

lack of time: day-to-day activities take up all the time; time for observations is greater than expected because it takes time to get teachers comfortable with being observed

"To overcome the time barrier, I try to keep the accreditation materials close at hand and work on them some each day, balancing with my other job requirements."

money: not enough money to do everything in the center the way they would like; office and staff lounge needed

staff not qualified: some staff do not meet suggested qualification levels by NAEYC and need training as well as assistance with costs of further education

high staff turnover: staff recruitment, orientation, training, supervision, scheduling, problem solving, and continual turnover sap directors of energy and enthusiasm for any extra work, such as accreditation

staff resistance: anxiety about being observed; feeling threatened by change

"We are blessed with a staff that has been with us for a long time, but accepting change has been difficult. By moving slowly they have come to realize many benefits for the children as well as for themselves. It has helped them realize that they are good teachers working in a good center."

"We have many highly qualified, experienced teachers who needed to be reassured that they were already doing a great job, but this was a way of simply evaluating and fine-tuning, rather than changing everything."

not in compliance with the accreditation criteria. It was determined that W/FD would document and pass along to NAEYC information about those centers so that action could be considered. These actions will help NAEYC safeguard the integrity of the process and make certain that the criteria are not compromised, despite the variation in quality from state to state.

We have concluded that centers within the groups reach accreditation at different rates. About a third of the group moves through the process and typically achieves accreditation by the eighth month of the project year. Another third of the group takes longer and needs the support of the facilitated group to work through the process, but typically these centers do submit their program descriptions within the second or third year after initiating self-study. The last third of the group appears to require extended support well beyond the term of the funded project. Since this latter group of centers must make many changes, this process may take them as much as three or four years, particularly when changes require additional staffing or financial resources. Without group support, many of these centers may not reach accreditation. It is important to highlight the facts that the model empowers centers to "own the process" and the facilitator provides support and access to resources to enable this to happen.

As Work/Family Directions, Inc., continues to implement facilitated accreditation projects nationwide through corporate funding, emphasis on the concept of continuous quality improvement will be a requisite component of the model. As previously stated, those centers most likely to pursue and achieve accreditation (the top one-third) will have done so. Reaching the remaining two-thirds of centers in each funded site will require expanded project timelines and additional support and resources, the scope of which is yet to be fully understood. While there will be continued emphasis on the value of the self-study process as a vehicle to improve center quality, we will also focus on those aspects of support and the types of resources, which, when used effectively and strategically, can increase the number of centers that achieve accreditation. It is clear, however, that infusing a program with the desire and commitment to continuously strive for better quality is a critical step, and, indeed, is in and of itself a milestone that deserves recognition and support.

Work/Family Directions, Inc., must also learn from the accumulated experience of accreditation models across the country. We know that our model is cost-effective and can work under certain circumstances, but as we move into new areas with a different group of centers, it will be important to adjust the model, based on the best practices of other models. We know that NAEYC is in the best position to share that information for entities like Work/Family Directions, Inc., to continue to develop models that support the growth and change of centers over an extended length of time.

Judith G. Goldfarb and Deborah Flis

10

The Accreditation Facilitation Project: A Community Climate Ripe for Collaboration on Quality

The accreditation support project we describe here was created by the Hartford Area Child Care Collaboration (HACCC) to further its goal of improving the quality of child care. The collaborative provides a forum for the exchange of information about child care in Hartford, Connecticut, for policymakers, educators, users, providers, advocates, funders, and employers, and an avenue for working with and gaining understanding from each other. This collective knowledge leads to the development, initiation, and, in some cases, funding of projects to enhance the quality of child care. The communication among participants has led to positive results and specific projects and prevented overlap in programs.

The collaboration

In 1987 the Hartford community established the collaborative to address the issues of accessibility, affordability, availability, and quality of child care in the north-central region of Connecticut. The Hartford Association for the Education of Young Children (HAEYC) and HACCC had similar collaborative interests in improving quality. In 1990 HACCC membership voted to narrow its mission to that of strategically promoting and supporting quality child care. HACCC was investigating a design project to improve the quality of child care, and NAEYC accreditation seemed like the vehicle. HAEYC, the north-central Connecticut affiliate of NAEYC, was looking for resources to support interest in this accreditation system.

The Hartford Foundation for Public Giving, a large community foundation, recognized the need to improve the quality of child care as part of its program, Impact on Poverty. The foundation was willing to fund a major, quality-improvement project for three years. Michael Bangser, executive director of the foundation, described the foundation as "deeply concerned with the plight of young children growing up in poverty, yet encouraged by the evidence that carefully designed early interventions can produce significant improvements in children's lives." We believe that the collaborative's work is a crucial part of the community's effort to improve the quality of child care services."

Collaborative committees

The collaborative took the lead, with two committees looking at different options. In October 1990 the Corporate Involvement Committee, working with employers and service providers to support business productivity through employee satisfaction, invited J. Ted Childs, Jr., director of workforce diversity for IBM, to speak with senior executive human resource managers to address the members of the collaborative. Childs challenged the collaborative to create an accreditation support project. "It's important to fund collaboratives," he stated, "because they reinforce the concept of partnership." He told the group that the IBM dependent care funds, administered by Work/Family Directions, Inc., would match any dollars the collaborative could raise if they went forward with this type of project. Four years later in 1994, Childs reiterated that the funding of collaboratives "links directly with the American Business Collaboration's philosophy of doing together what we can't afford to do alone." Ultimately, HACCC raised more than IBM could reasonably match.

The collaborative's Quality Committee, mostly made up of service providers and educators, investigated other options. Members met with the Corporate Involvement Committee and agreed to form a joint accreditation subcommittee to support an NAEYC accreditation facilitation project. The two groups felt that self-study could move centers toward making quality improvements and that it was time, money, and motivation that affected participation in the accreditation process. Today, Carol Kuszik, director of the Montessori School of Greater Hartford, tells us that the project "helped me be able to break down what first appears to be a monumental task into small steps. It provides support and reassurance, as well as guidance." Because HACCC does not provide direct services, the subcommittee developed a request for the proposal of an organization to partner with in the operation of an accreditation support project.

Partnering

IBM had been funding successful NAEYC accreditation projects to assure more quality child care choices for its employees (see Chapter 9). We used IBM's project design as a basic framework and embellished it, and the Accreditation Facilitation Project (AFP) was born. The collaborative's role was to raise funds, provide oversight, participate in marketing the project, help select centers, help evaluate the project, and do anything else the funders or facilitator deemed necessary. HAEYC had the responsibility to carry out the activities of the project, unencumbered by the task of finding money, and to do the work of helping improve child care services.

In July 1991 the collaborative awarded a partnership contract to HAEYC. HAEYC and HACCC spent the following year refining and redesigning the contract. It became a work in progress. In retrospect, had we a hard-nosed contract in place at the inception, the project would not have been crafted as well. Our funders generously allowed for flexibility and the ongoing evaluation and change. It wasn't until July 1992 that both HAEYC and HACCC were able to sign the contract. Both operated with solid trust and in good faith prior to the actual signing.

Goals

There were strong, fundamental similarities to purpose, goal, and outcomes for HACCC and HAEYC, with only semantic differences from their two perspectives. These differences were apparent in HAEYC's proposal and carried into contract negotiations. HACCC's goal was to improve the quality of child care services by engaging 40 programs in the self-study process, striving to get 80% to reach accreditation, and being a catalyst for an additional 40 to start self-study over the three-year period. Our funders did want a certain number (not defined) of centers to attain accreditation. HAEYC's goal was to get more programs into the accreditation process. HAEYC hoped that by assisting 20 to start achieving accreditation and doubling the number every year 80 centers would be accredited by 1994. HACCC's concept prevailed.

Another area of differing opinion concerned payment of NAEYC fees. HAEYC wanted centers to pay something, believing their involvement would be greater if they invested money. The collaborative felt that centers were putting up "sweat equity" and that was enough. Both compromised on having centers pay the initial self-study fees and, at the time of submittal to the National Academy, being reimbursed for self-study materials and having validation fees paid by the project.

Additionally, when programs signed the contract to participate in the AFP, they also agreed to an additional year of pay-back services, either through involvement in a support network, a buddy system with a new program entering the project, or other yet-to-be-defined areas.

The project, said a Montessori director, "helped me be able to break down what first appears to be a monumental task into small steps."

Funding

The generous grant in 1991 from the Hartford Foundation for Public Giving, along with initial funding from IBM through Work/Family Directions and from Aetna, gave us leverage to raise the additional dollars. Funding the project was a challenge. Many groups in the community would fund educational enterprises, but they did not consider child care as education. Over the next two years, the Charles Nelson Robinson Foundation, Southern New England Telephone (SNET), Union of Telephone Workers, United Technologies Corporation, and United Way actively engaged in funding the project.

The Hartford Foundation for Public Giving, through its Impact on Poverty initiative, was getting many requests for child care funding. In 1990 the foundation established its 10-year, $10 million Brighter Futures campaign for school readiness in Hartford—supporting health care, child care and early education, families, parent education, and responsive schools. This initiative was only looking at issues with impact on children prenatal through five years. Chris Hall, director of programs, identified the foundation's interest: "This initiative was particularly interested in the work of the collaborative and the project because they bring together an emphasis on collaborative efforts among funders and service providers. These efforts ensure coordination and the most efficient use of resources in the planning, funding, and delivery of services for young children and their families." In 1994 the HACCC and the Accreditation Facilitation Project became part of the Brighter Futures Consortium.

Funders' up-front requirements

Some funders wanted their dollars to support programs serving a majority of low-income families but did not specify requirements for defining *low-income*. We worked out an amicable agreement on terms, without compromising confidentiality. In addition to this requirement, United Way wanted its agencies to have some priority in being selected. Corporate and other foundations gave unrestricted dollars, which allowed for broader selection of programs and distribution of enhancement grants.

At the end of the project's second year, an evaluation committee met to discuss continuing the project. With recognition of the achieved success and the work yet to be done, the evaluation committee determined a need to continue the AFP.

The continuing search for funds

A noticeable change has occurred, with the recognition of the need for quality child care as well as the need for our project. Yet resources are scarce. Many corporations are downsizing the employee workforce as well as their charitable giving. The decrease in government funding streams has placed a greater demand on private funds. Because the numbers of working people are less, United Way giving is down. United Way has not been able to fund the project since the initial year. Yet findings in the recent research on cost, quality and child outcomes in child care centers (Cost, Quality, & Outcomes Team 1995) recognize an important need to improve the quality of child care. Child care at most centers in the United States is poor to mediocre, with almost half of the infants and toddlers in rooms having less than minimal quality. And there is evidence of inadequate consumer knowledge, which creates market imperfections and reduces incentives for some centers to provide good-quality care.

Project design and implementation

The goal of NAEYC's accreditation system is "to improve the quality of care and education provided for young children in group programs.

NAEYC achieves this goal by establishing a uniform, national standard for quality services for children and families and providing a system for recognizing programs that substantially comply with those standards" (Bredekamp 1989).

A study of directors of centers accredited by NAEYC (Herr, Johnson, & Zimmerman 1993) noted that improvements were made in all areas examined in the self-study process, with improvements most notable in the curriculum, administration, and health and safety areas. High-quality care, or care that supports children's positive development, is distinguished by hallmarks, such as accreditation, which signify voluntary compli-

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ance with recognized professional standards beyond those required for licensing (Cost, Quality, & Outcomes Team 1995). Further, the impact of high-quality care is evidenced in children who are more competent socially and emotionally and show higher verbal and intellectual development during early childhood than are children not enrolled in high-quality programs (NAEYC 1990).

NAEYC reports that as of January 1996 a total of 4,527 early childhood programs in the United States and overseas have achieved accreditation through its voluntary self-study process. Another 8,731 programs own the materials and are presumably engaged in the process. Not all that begin finish. The fact that only 34% have completed the process points out two continuing factors. First, day-to-day operations of a program overwhelm directors' time, making it difficult to work on the accreditation self-study process. Second, directors need to sell the concept of accreditation to staff, parents, and governing agency/owner to get their "buy-in" and support for the undertaking of the self-study (Buck 1987; Hughes 1990).

Recognizing the problems directors face, two early childhood organizations simultaneously began working on support systems to help centers wishing to seek NAEYC accreditation. By combining efforts, HACCC and HAEYC launched the Accreditation Facilitation Project.

In the AFP experience, one center director, Sue McCarthy, Hartford's Capital Community-Technical College, refers to the transition as "overwhelmed" to "investigation" and as the "tote-bag phase—that time after you've purchased the materials but before you open the books and begin to work. You just carry the books in your bag, hoping that some night you'll get courageous and open them up." Sandy Bombard, director of Our Children's Center in West Hartford, explains in a survey conducted by AFP: "I had sent away for the information on accreditation long before being accepted by AFP. With so many daily chores and inevitable little crises at work, not to mention a pretty-full family life, I never coordinated the project."

The Accreditation Facilitation Project offers assistance in the form of leadership, finances, and training opportunities. Its goals are to improve the quality of child care and to support programs in the self-study experience. The self-study is viewed as a process that presents an opportunity to improve quality of care through a commitment of staff, parents, and administration to effect lasting change and improvement.

Role of the facilitator

Since the project's start in September 1991, a single facilitator implements the support and assistance and staffs the project. The role of the facilitator is one of confidante and questioner, rather than consultant. She asks questions, such as "What else can be accomplished to improve this aspect of the program?" or "Does it meet your needs?" "How can it better meet your children's needs or families' needs?" The questions keep everyone focused on the accreditation project's goal and directly complement the goal of the accreditation: to improve quality by achievement of substantial compliance with the NAEYC-established criteria. The facilitator's questions, as does the accreditation process, presume that the work is never finished.

The types of individualized assistance requested by programs largely determine the involvement. In centers where observations and facilitation of staff meetings are predominant, the connection between the facilitator and the staff is strong (although staff still groan when the facilitator enters their classrooms). In programs requesting less on-site assistance, the relationship between staff and facilitator is a more distant one because most of the facilitator's contact takes place with the administrator, who then relays information to the staff. In either case the type of involvement is based on the site's needs. The facilitator makes recommendations, but her ongoing involvement is not contingent upon these recommendations being followed, only upon a continuing striving for solutions to the identified issues.

Advisory committee

A six-member advisory group provides oversight and serves as a support system to the facilitator. The AFP Advisory Committee members are directors or education coordinators of accredited centers, validators, or mentors. They share the excitement of project successes and the increase in numbers of area child care centers becoming accredited. All are ardent problem solvers, and they extend the project facilitator's knowledge of key people to aid and assist. "In many ways,"

says Dianne Warner, committee chair and one of the project founders, "we're in the best position possible. We know when help is needed; we're included in all events; we learn of the successes in a timely manner; and we're always on the alert to guide centers to the project. We feel we are helping to improve the quality of care in our region in a very substantial manner."

Recruitment

All child care programs in the geographic area receive recruitment information annually from the project. The application form includes a request for each program to describe and provide samples of curriculum, including goals, objectives, and sample activities; antibias curriculum philosophy and sample activities; information on group size and ratios; extent of parent involvement; community relations; and a summary of staff development and staff qualifications. Reasons for accreditation deferral, such as weaknesses in the interactions among staff and children, inappropriate curriculum, health and safety issues involving supervision, and in accredited programs weaknesses that involved curriculum and cultural diversity especially, were factored into the creation of the application (Bredekamp 1989). Finally, the application requires the program owner, governing agency, or board chair to sign a letter of support. Information about applying to the project is distributed at local meetings and to participating centers, who encourage other programs to pursue accreditation through the AFP model. Orientation sessions are offered at strategic locations throughout the region and repeated three to five times within a given period.

Selection

The facilitator visits every program, verifies application information, meets the director, tours the building, and observes curriculum. A committee representing HACCC and HAEYC, funders, and the early childhood education community reads and rates the applications according to a point system. The committee determines the appropriateness of the applicant's project site, based on the funder's requirements, the likelihood of its completion of the self-study process in 12 to 15 months, and its ability to meet NAEYC eligibility guidelines. Selection is based on an applicant's overall rating.

Individualized support services

The selected centers are eligible for an array of support services, which include group meetings; individualized visits; financial support including payment of NAEYC accreditation application fees, substitute funds, and enhancement grants; and training workshops. Once centers are selected by the committee for individual assistance, groups of representatives from 8 to 12 sites meet monthly. In group meetings directors and staff review various aspects of quality—developmentally appropriate practice, creative art, and room arrangement. The technical process is introduced at the fourth or fifth meeting, a box-opening party. Centers' representatives bring their new self-study materials in the original boxes (many have not even cut the packing tape yet); they decorate the boxes using stickers and markers and then open them together. We dig in and examine each booklet, thus providing an overview of the self-study process. From this point, individual pieces of the process are examined at each of the next eight meetings: orienting staff, setting up a timeline, using the observation form, circulating the parent questionnaire, examining the staff questionnaire, completing the program description booklet, preparing for the validation visit, and exploring common issues based on the book *Regulating Child Care Quality: Evidence from NAEYC's Accreditation System* (Bredekamp 1989).

Each group meeting opens with sharing and progress reports. This serves to update the facilitator. It also allows centers, as Polly Leukhardt at First Church Nursery School in West Hartford describes it, "to hear creative solutions to problems that we are experiencing, to hear new ideas about programming in general, and to hear successes!" "The meetings are an essential piece of the process," says Martha Hickey, director of children and youth at the Hartford YWCA. Hickey oversees three sites that are participating in the project. She concludes that "the meetings offer a chance for networking and an opportunity for staff to leave the center midday for professional training. And every topic is one that all centers deal with daily."

Each program determines its own need for site visits while working with AFP. These site visits by the facilitator take many forms, including introduc-

ing staff to the self-study process, materials and forms, and the accreditation criteria; facilitating staff meetings to review and discuss the results of the questionnaires and observations; and leading workshops on topics identified by the staff. Programs have also requested classroom observations and meetings with classroom teachers. The facilitator guides programs by identifying topics for meetings, resources such as books and articles, and sites to visit; and also by linking the programs with volunteers from the support network.

Financial assistance

A separate grant application makes available up to $2,000 per program to address areas in which a program may otherwise be unable to meet accreditation criteria. AFP has invested nearly $30,000 in physical environment improvements. Many of the funded improvements relate to outdoor space, where materials and services can be expensive. Numerous playground structures were purchased and installed, barriers built of fencing and railroad ties, and surfacing materials ranging from wood chips to foam padding placed on the ground. One program used funds to landscape around two very old trees on their historic church site. Additions of room dividers, storage cabinets, carpets, and soft furniture improved indoor environments for children and teachers.

During the project's development, HACCC recognized the need to allow staff-release time during the workday for accreditation activity. Substitute hours approved in advance are paid at the program's hourly rate for the number of hours worked. By using these funds, programs have been able to conduct full-staff meetings, attend workshops and group meetings, and visit other sites.

Support to the early childhood education community

The AFP is committed to providing some level of support to any program in the state of Connecticut that seeks information on accreditation. Because Connecticut is a geographically small state, it is relatively easy to extend some of the project resources. To accomplish this, three opportunities exist for the early childhood community:

1. A support network comprised of accredited center personnel, validators, and mentors provides assistance to any program upon request. The network is updated annually via a questionnaire on which volunteers indicate the topics and the type of assistance they can contribute (telephone support, workshop, meeting with director or staff). Two to three volunteers are matched to each inquiry received by the AFP office. The requesting program makes all future contact with the network volunteer.

The process of improvement involves staff in identifying the issue, brainstorming, and trying out possible solutions. Ultimately, the staff decide which solution works for their children.

2. At least seven times each year, the project offers free workshop sessions on the process of accreditation and issues related to program improvement. These sessions address topics, such as curriculum, developmentally appropriate practice, and staffing, which are identified as common weaknesses in programs (Bredekamp 1989). The 1995 series of sessions included infant-toddler environments, language development, and preschool-to-kindergarten transitions. The intent of these sessions is threefold: provide training that supports the project's goal of improving the quality of child care, expose programs to the support available through the AFP, and recruit future applicants.

3. Presentations at early childhood conferences address technical aspects of the self-study as well as process issues, such as communication and team building. Materials are distributed, including brochures, lists of Connecticut's accredited programs, and workshop announcements regarding upcoming sessions.

The other aspect of the project that benefits programs is its promoting public awareness of accreditation and quality child care. The project provides sites with printed announcements on AFP stationery of the center's selection to the AFP and the significance of the undertaking of accreditation. Other public awareness activities include distributing NAEYC's brochure *Early Childhood Program Accreditation: A Commitment to Excellence* and the Child Care Aware Campaign poster to each of the public libraries in the region and submitting articles to the local newspaper's parenting section.

Examples of Improvements Made through the Project's Work with Centers

*Criteria**	*Issue/concern*	*Resolution*	*Comments*
B-2 Written curriculum plans are based on a knowledge of child development and an assessment of individual needs and interests.	Plans do not reflect developmentally appropriate practice or individual children's needs or interests.	Revisit philosophy; share with parents. Explore various methods of planning, sharing ideas among staff members. Designate planning times.	Individual site and group training was provided on creative art, developmentally appropriate practice, observation, and anecdotal recording.
B-4 Daily schedules provide a balance of activities in consideration of the child's total experience.	Much time is spent in a large group. Individual choice time is not built into schedule.	Create daily schedules that build in large blocks of time and minimize teacher-directed time.	
G-2 Activity areas are defined clearly by spatial arrangement.	Classrooms are wide open, without barriers between areas. Furniture is arranged around the perimeter of the room. Use of tables and carpeted spaces changes, based on teacher discretion.	Incorporate training on room arranging into group meetings. Introduce the physical environment section of criteria early in the process.	Substitute funding allowed staff time to visit other programs.
G-6 Private areas are available.	Large activity areas. Open floor plans. Many large spaces exist.	Create spaces for two to three children to use as a quiet reading area, a small-group interaction space.	Division of space was created with furniture and playhouses. Training sessions were held at individual sites and in group meetings.
H-7 Children are under adult supervision at all times.	Children travel out of classrooms, down hallways to use toilet facilities; children's transition from one area of the building to another (inside to outside) is out of view of staff.	Install child-height sinks for hand washing in the classroom. Require teachers to transition in small groups to allow for careful supervision of children.	Costs ranged from $215 to $700 per sink.
H-14, H-17 Appropriate hand washing is exhibited by staff and children.	Staff overlook hand-washing procedures. Children are not assisted in learning appropriate techniques or reasons for hand washing.	Train staff on health issues. Support in encouraging children to use techniques. Increase supply of soap and towels.	Sinks were added to classrooms.
H-20 Chemicals and medicines are stored in locked cabinets.	Cleaning products are left within reach of young children.	Increase awareness of the need to lock up chemicals. Identify a convenient storage place for these items.	

*Excerpted with permission, from NAEYC, *Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs*, Rev. ed. (Washington, DC: Author, 1991), 20, 22, 44, 46, 51, 54–56.

Impact

A history of each site's progress is created by documenting site visits, staff meetings, and group meetings. Each program's development is followed and the information is used for planning group meetings based on common themes or topics. The chart "Examples of Improvements" (page 104) indicates some of the issues that have been addressed through the self-study process. The process of improvement involves staff in identifying the issue, brainstorming, and trying out possible solutions. Ultimately, the staff decide which solution works for their children.

Lessons learned

From the beginning of this project, we have learned and incorporated new information into implementing the support system. Flexibility and modification have remained key aspects of our model and of the relationship between HACCC and HAEYC.

Sixty-nine selected centers have participated thus far in the individualized assistance aspect of the project. These programs represent 685 staff members and 4,009 children. As of June 1995, greater Hartford had 47 accredited programs, 23 of which represent project sites. An additional 13 programs accessed training or technical support. Early childhood programs across the state—including public and private school staff, special needs classroom teachers, and privately owned, state-funded, and nonprofit-agency-sponsored programs—have called upon the project's resources. The selected centers' group meetings are well attended, and representatives at these sites participate in the free workshop sessions and use the support network. The programs served have been grateful for the encouragement as well as the technical assistance the project provides. To work with all of these sites continues to require a clear perspective on our goals and a responsiveness to the community served.

The partnership

What has this partnership taught us? It is critical to keep separate the funding and the implementation of the project. It is important for the director of HACCC and AFP's coordinator to meet regularly and for the facilitator to supply information to and meet with funders as necessary. Submitting reports and requests for payment to HACCC on a quarterly basis is essential. With the director identifying funders, writing grants and grant reports, generally acting as the project front person, and doing all of the follow-up with potential funders, the project facilitator is able to spend almost all of her time implementing the project.

The funders

Funders want measurable outcomes. Quality is difficult to measure. However, we are able to document observable changes by collecting anecdotal data. One lesson learned was to not use professional lingo when courting and having discussions with funders. Using everyday language means clarity and specificity. Our advice to early childhood professionals is this: find people to talk with who know little or nothing about the field (e.g., mother, spouse, child, neighbor). If they understand the conversation, the funder will get the message, too. Because we talk the early childhood language with fluency, we don't even realize that we are speaking a foreign language to many outside the field.

Individualized assistance

The programs applying to the project are far fewer in number than originally anticipated. Prior to the first application mailing, an assumption prevailed that every child care and education program was eager to take on the challenge of accreditation, given the intensive assistance and support offered. AFP conducted its first recruitment effort in December 1991. The mailing included the four-page application and an announcement of orientation sessions that explained the self-study process and the assistance available through the AFP. Only 11 of 357 eligible sites responded. Now, having recently completed a sixth application round, we have reached the pinnacle of our initial expectation—more programs submitted applications than we could handle! Only an announcement of workshop sessions and a request-for-application form were mailed to centers in our most recent recruitment mailing. This smaller package of information was an effort to reduce the detailed nature of the previous mailings so as not to overwhelm recipients.

In June 1995 the selection committee reviewed 24 applicant programs. The committee selected 18 for the individualized assistance aspect of the project. Only one of the 18 is involved in self-study. The six centers not selected for individualized assistance are invited to participate in a new aspect of the project, temporarily called Readiness Series. The series will provide seven training sessions over a 14-week period and is devised to support those who identify themselves as wanting to participate in the process. In establishing this new phase of the project, the selection committee recognized that, due to the intensive nature of the project, the facilitator cannot meet the needs of all of these programs. This aspect will require additional funding.

During the last two years, readiness, as a part of a program's developmental life cycle, continues to surface as a recurring theme. In April 1993 local programs indicated a desire to learn more about the specifics of accreditation criteria to help them recognize their own areas of strength and weakness and to learn about the self-study process as a guide for program improvement. Readiness was initially addressed in a workshop, "Get Ready to Get Accredited," presented by preschool education consultant Jean Berkwitt. A resource that grew out of this workshop, the *NAEYC Accreditation Readiness Survey: Getting Started Is Easy!* compiled by Jean Berkwitt and Deborah Flis, was published by NAEYC in 1995. The survey is a shortened form of the criteria, concisely designed to allow staff and administration to look at their program and create a plan for improving identified areas. Prior to its publication, the *NAEYC Accreditation Readiness Survey* was distributed to centers entering the AFP and to programs indicating an interest in initiating the self-study process.

Public awareness actions

The Cost, Quality, and Child Outcomes Study points to the need for more and better information to educate parents on quality care (Cost, Quality, & Outcomes Team 1995). Newly accredited centers need to take the lead by focusing their news releases on the achievement and its meaning for children and families. Merely inserting identifying information into the form news release supplied by NAEYC does not elicit media coverage. Much more likely to receive coverage are programs that find an angle—"first in their neighborhood to be accredited"—or celebrate the achievement with a party or open house or invite honored guests to make an occasion of it and then use these as opportunities to impart information on quality child care. Supplying a black-and-white photo of the event may even lead to better coverage.

In AFP programs, following receipt of accreditation, each site distributes news releases and marks its achievement with some kind of recognition/celebration. The AFP seeks public recognition for each program by disseminating to the local government, board of education, and local legislators information packages announcing the achievement. Responses to individual programs have included congratulatory letters and formal proclamations read and awarded by elected officials. We recognize the need to provide centers with training on how to prepare news information packets and to help programs become proactive advocates for quality by communicating what it does for children and families.

Program administration

It is resoundingly clear that a program's administration is key to the success of the self-study experience. A supportive administration must commit time and financial resources to the improvement process. It is important to recognize staff as critical to the process of change. Administrators must participate jointly with staff in discussions to move the process forward. In cases of greatest success, a leader has been identified as guiding the process, coordinating meetings, and following through on plans for change. This leader is often the director of the program, but in organizations in which the director supervises multiple sites, it is often some combination of director, head teacher, and education consultant/coordinator. In Hartford the withdrawal of one of the selected centers from the project, due to multiple administrative changes in a short period of time, precluded all work on the self-study. A second program was asked to withdraw from the project when its administration did not assist the site in achieving compliance with baseline licensing standards. In both cases the absence of leadership, believing in and supporting efforts to provide quality child care, undermined the progress of the self-study.

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In a survey distributed to selected centers who participated in the project, many directors agreed with John Thomas, director of Hartford's Southend Community Child Care, that "group meetings were very important to us because we got to see others struggling with many of the same issues." Rindalee Akinbobola, senior teacher at City of Hartford Day Care Programs, agrees that "it is difficult to sift through information on my own. It's good to share and ask questions of others in the same situation; helpful suggestions always seem to surface." In response to the question, "If your center is already accredited would you say the process of change and improvement has continued in your program?" Thomas gave an emphatic "Absolutely!" and continued, "I think that the staff is much more self-aware of the impact they have on the whole program as individuals and as part of teams."

An unforeseen, unplanned, added value came from bringing the wide variety of sites together. Having low-income, inner-city sites meet regularly with other urban, corporate, suburban, religious, for-profit, and nonprofit programs was important in understanding diversity issues among providers and programs and in establishing lasting relationships. "There is a feeling of being isolated when working in a small center in a suburban town," comments Susan Winterson of Simsbury's Hopmeadow Nursery School. "AFP does a great job opening doors and providing support and resources." Other participants agreed that it was supportive to hear that other programs had similar issues regardless of their setting, size, or community. The director of the Christ Church Nursery School stressed that it was important "to hear of how others were solving problems and to have a group of peers to help with our problem solving." John Thomas echoed the comment and extended this thought: "It was also good to see others overcome their challenges." Another director, Debra Tobin, felt strongly that each group meeting "was a means of connecting with other directors and teachers and sharing information—there was definitely a feeling of support."

Another insight echoed repeatedly by project participants relates to staff buy-in to a vision for children and to taking the pressure off the director to force the situation. One center director, Debby Grandin, aptly summed up the situation: "The biggest plus is an increased *awareness* on the part of the staff of the accreditation criteria that contribute to a quality program. Policies are now considered in this frame of reference." Another colleague, director Carol Kuszik, asserted, "It helps the director/administrator to be able to step out of the leadership role and seek information and support from others." Deb Huebner, director at the First Church Nursery School in Bloomfield, confirmed that the group meetings "gave me the opportunity to involve my staff directly in the process, as opposed to me feeding information, planning, and philosophizing on issues. It helped to give credibility to educational practices we follow and to reinforce them."

Encouragement was important throughout the process, giving clarification of the process but also validating that some things were being done well. Kuszik further reported that she found self-study a "valuable tool that also helps to develop self-pride as staff members realize how much they are doing right." Christ Church Nursery School's director reported back that "site visits were a tremendous help!" Rindalee Akinbobola found encouragement through being valued: "I can ask any questions I have. I'm never made to feel inadequate."

Programs have continued to contact each other by phone or center visits to obtain more information or moral support, to have a sounding board, and to share and glean ideas. Program director Denise Dionizio related that "parents seemed happier because of what they saw happening."

Expanding the model

Because the collaborative is a network, our work expands into various fields and directions. For example, we were asked to provide similar services to the state-funded centers serving children of low-income families in more than 100 centers in Connecticut. The state looked at mandating NAEYC accreditation for these centers. We fought against this legislation, based on our perception that the state would not commit the necessary funding to effect lasting quality improvements. The grants manager in the Department of Human Resources wanted to contract with HACCC and AFP to deliver support services for state-funded centers. Although our exploration was wrenching as we tried to avoid being another underfunded state project, we held our position on maintaining the quality and integrity of the project. We developed a plan for a two-year project we

could deliver for what the state would pay. Since HACCC is a regional organization, its board of directors objected to the delivery of a statewide project. The project was manageable, however, and the board finally agreed. Yet, by the time we were ready to deliver the project, the state, after committing to fund it, had spent the money elsewhere and dropped the mandate for accreditation.

By developing the project for the now-defunct Connecticut State Department of Human Resources, we realized a readiness stage was important. We were identifying many programs that were in three developmental stages of readiness:

1. not in compliance with licensing and with which we would not work;

2. having met basic licensing requirements but so far away from reaching accreditation that a readiness component would be helpful to address issues that would allow them to proceed with self-study; and

3. being able to accomplish the self-study process in 18 to 24 months.

The Hartford Head Start programs wanted to achieve accreditation and were concerned about their compliance with the On-Site Program Review Instrument (OSPRI), a federal Head Start program review similar to accreditation. The Head Start director was eager for outside assistance and did not believe her programs were ready for self-study. The Hartford Foundation agreed to fund a special Head Start readiness initiative under Brighter Futures. We designed a Quality Enhancement Project that would move Head Start programs from stage two to stage three of readiness.

The HACCC worked with the Hartford Public Schools to win a place in a Danforth Foundation project, Success for All Children (SFAC), which is a superintendent's initiative. The executive director of the HACCC is now an active team member in SFAC. Through an infusion of early childhood knowledge and implementation of plans for good outcomes for children, SFAC works to improve quality for children in the public schools in eight national cities. Early childhood technical assistance is provided through the Danforth Foundation, and city teams develop work plans over five years. Under the guidance of superintendent Dr. Eddie Davis, the Hartford team has brought together the early childhood department of the city schools, the Hartford Foundation for Public Giving, the Hartford Area Child Care Collaborative, the city's Department of Social Services, and parents. The Hartford school superintendent has recognized the value of early childhood education and advocated for prioritizing early childhood funding, training, and implementation. Dr. Davis comes from a secondary-school background, having been a former high school principal. He says, "I have just learned that children are not born at 14 years old, and, surprisingly enough, they actually learn before they come to school!" Davis is interested in exploring the possibilities of having his pre-K and kindergarten classes go through the accreditation self-study.

A new Center for School Change has just started up in Connecticut. In speaking with its director about funding AFP, we learned that it will only fund school systems for projects to change the delivery of educational services. The center would be interested in funding the Hartford Public Schools if the school system applied for a project to help its early childhood programs become accredited.

Improving the model

We implemented funding for substitutes so that participation in the accreditation process was not *in addition to* the work of teachers, but *in place of* or *concurrent with* their daily work. To date,

- a total of $2,000 has been spent on this benefit;
- an initial cap of $200 per program has been lifted to allow larger centers to exceed $200, based on staffing needs; and
- programs not using the funding have covered costs themselves or found they were unable to return the reimbursement to their budget. Underuse of this benefit continues, however, because sites encounter difficulty in hiring and retaining substitutes.

Bilingual training and materials are important. We are missing a large population in our area without these resources. We can identify some bilingual or Spanish-speaking trainers and have had the staff questionnaire translated into Spanish, but this is not enough. Having the self-study materials in Spanish would be extremely helpful.

Through this model it has become evident that individual teachers have much to share and contribute to the improvement of programming for young children. Staff who are responsible for

day-to-day implementation of curriculum, who have the closest perspective on solutions that work to support the criteria, and who have real impact on children are key to the process of change and key to achieving high quality through accreditation. An ideal addition to this model is a teacher-to-teacher mentoring system in which classroom teachers from accredited centers would be matched with teachers involved in the self-study process. A curriculum to train mentor-teachers on strategies to foster the coaching relationship and information exchange would set the stage for sharing experiences, visiting each other's site, and working as a team to implement accreditation criteria. Another critical feature would be to come together with a group of others similarly connected in mentoring relationships.

The AFP model can go far. Each interest group has a special spin. Each funder has a special request. We have research, a model, a curriculum, and boilerplates that will help in using and funding self-study and accreditation as a means to improve the quality of child care services. Each community can look toward meeting success by marketing quality early childhood programs with its own environmental colors. Our model continues to be effective by providing community support, bringing providers and programs out of isolation, and leveraging resources—dollars, people, training, information sharing, and recognition of differences and similarities among settings.

Families in the Hartford region have recognized the difference in child care programs. Lisa McGuire, a parent in one of AFP's newly accredited sites, says, "Parents are pleased with the changes. The move from a focus on teaching a curriculum to a focus on children's individual needs customizes and personalizes the program for the children." She sums up the experience: "Parents share the pride and excitement over the change and achievement." The community wins. Funders, educators, families, and children experience positive change through this successful strategy.

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III

Accreditation and Public Policy

Louise Stoney

11

The Role of Accreditation in Public Policy

To spark thinking about the role of early childhood program accreditation in public policy, the following comments draw on lessons learned in working with public administrators and policymakers at all levels of government on a variety of early childhood care and education initiatives. Discussed are the many ways that accreditation can support public policy efforts, including such issues as funding of standards for contract and grant programs, differential rate ceilings for voucher programs, collaborative financing initiatives, regulating and monitoring efforts, performance indicators, and public/private partnerships.

Early childhood program accreditation can play an important role in public policy. Accreditation can help in meeting a wide range of policy goals cost effectively. It can be a key step in forging a national partnership between NAEYC and policymakers in many states and communities. Accreditation also has the potential to serve as a unifying force in bringing the various early childhood care and education systems together to support a consensual definition of quality.

The needs of policymakers

If NAEYC is to succeed in forging a partnership with government to promote accreditation, being clear about concrete benefits to policymakers is important. Why would or should state and local policymakers care about NAEYC accreditation of early childhood programs? When we identify the needs and motivations of policymakers, the answer to this question may emerge. Among these needs are the following:

To be accountable. State and local policymakers must account to a wide range of individuals and organizations both inside and outside of government, including governors, mayors, county executives, commissioners, legislators, community board members, school superintendents, business leaders, provider groups, community and civic organizations, religious organizations, parents, and many others, as well as the public at large.

To continually strengthen and improve their public image. While this need connects to the accountability issue, it demands a different type and level of scrutiny. Public relations is more closely aligned with perception than fact. A state or local official may believe, for instance, that child care providers should be held accountable on the basis of state regulatory requirements. If the legislature or general public, however, views those requirements unfavorably, this level of accountability will not strengthen the policy-maker's image or improve public relations.

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To limit public expenditures and ensure provision of services in the most cost-effective manner. The notion that governments are bloated, wasteful bureaucracies is widespread. Whether or not this perception is true, it exerts strong pressure on policymakers to economize.

To minimize bureaucracy by developing policies and procedures that are simple, streamlined, and cost-effective. The current political climate prohibits state governments' growth. Even if funds are available, public agencies may be barred from hiring additional staff. Downsizing and privatizing are key concepts. Additionally, in states with low regulatory standards for child care, policymakers seeking to improve quality often must do so without *mandating* higher standards or increasing bureaucracy.

To clearly define and assign a cost to the services bought. Policymakers often face queries on their rate-setting methodologies and policies. In most cases these methodologies are linked to specific definitions or categories of care. Terms need to be clearly defined and easily understood.

To take an interagency approach to early childhood care and education. State and local child care administrators need to build bridges with staff in other public agencies (or separate divisions within their own agency) that administer or fund early childhood care and education services. In many cases these agencies or divisions have conflicting views about the purpose of early childhood care and education services.

To build bridges with the private sector. Among the wide range of potential partners are private nonprofit and proprietary child care providers, large corporations, small businesses, private foundations, community funders such as the United Way, religious organizations, and so forth.

To begin to establish benchmarks and outcome measures and implement new performance evaluation methodologies. Leaders in the public and private sector are increasingly interested in developing new methods of measuring performance. Tracking the number of accredited programs in a community or state can be an important benchmark of quality.

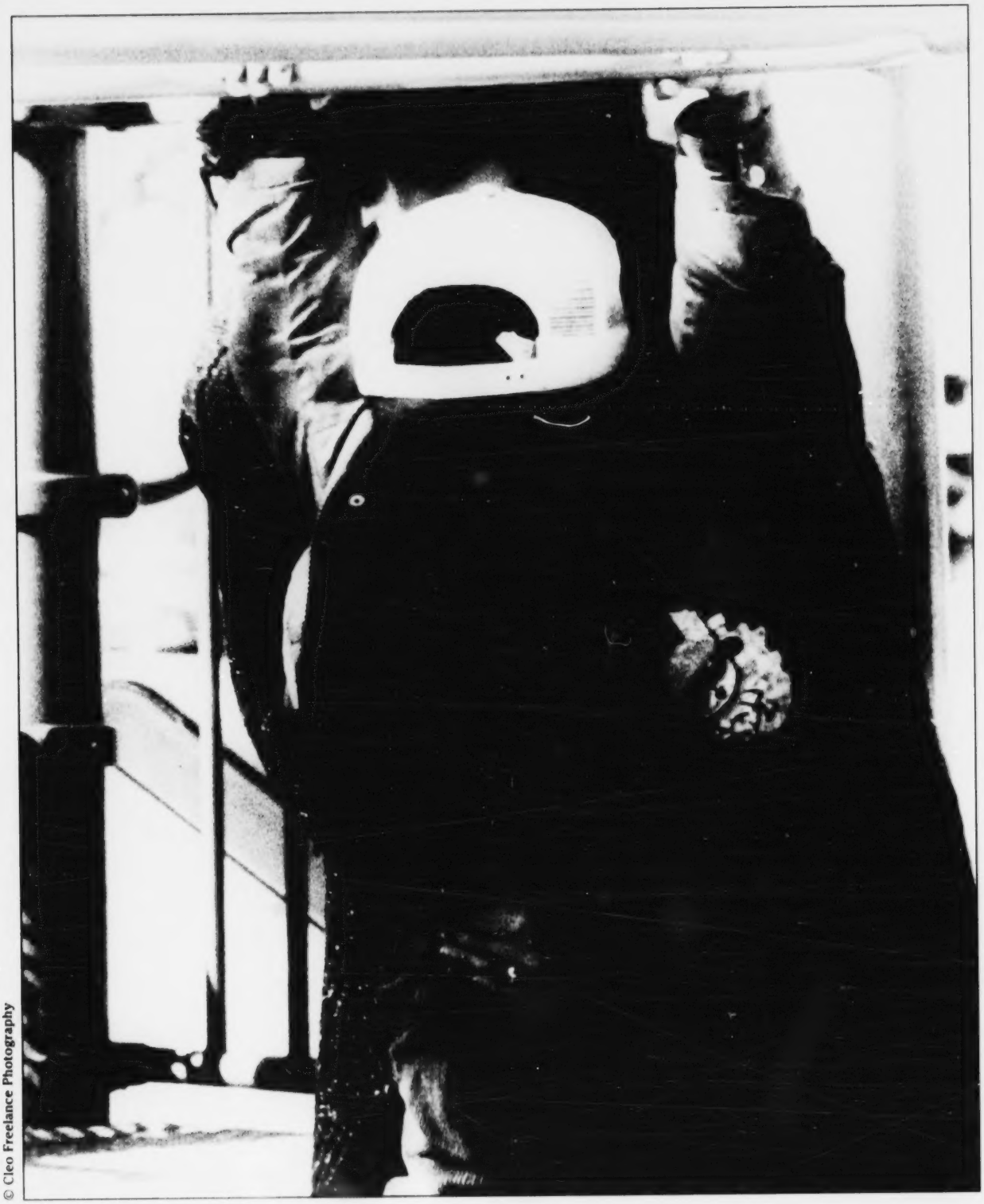
Initiating a campaign to promote early childhood program accreditation could help policymakers meet many of these needs. The discussion below details various ways to foster accreditation.

Accountability and public image

The public holds policymakers accountable for the quality of early childhood services provided in or by public schools and other government entities. In the child care arena, however, this accountability of policymakers is even more broadly defined. State and local officials must account for the public funds used to purchase child care on behalf of low-income families. State and local governments also engage in regulating child care programs and family child care, and to this extent they are also held accountable on some level for all child care provided to citizens.

When public funds are awarded to a program, policymakers must ensure that those funds are spent appropriately. This typically means making sure that (a) services are actually provided, (b) the cost of the services is reasonable, and (c) the services are of an acceptable quality. Developing measures to ensure that services are actually delivered is relatively easy. Most states rely on attendance reports and/or enrollment records for this purpose. Similarly, states may verify program costs by requiring agencies to submit periodic fiscal reports, participate in an annual audit, and/or produce documentation of the rates charged to the general public.

Ensuring that services are an acceptable quality is another matter entirely and often requires a level of scrutiny that is far beyond the capacity of the state. While government agencies may require programs to submit written program reports, they often do not have staff with time or expertise to visit programs and assess the extent to which these are providing high-quality services. Child care licensing standards typically focus on health and safety issues rather than program issues, such as the interaction among staff and children or the curriculum. State education departments vary widely both in the types of standards they require of early childhood programs and in their capacity to monitor compliance with those standards. Some departments rely on existing local school codes or other child care and/or Head Start standards; others have established their own prekindergarten or child development standards; and some use a combination of all of these approaches (Adams & Sandfort 1994).



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While child care regulation is controversial, accreditation may be viewed in a more positive light.

Encouraging all early childhood programs to become accredited and requiring public school preschool programs, child care programs receiving state contracts and other early childhood programs funded directly by the state to complete the accreditation process may be an effective way to promote accountability and improve quality in a cost-effective manner. Three states—Florida, Arizona, and Iowa—currently provide financial assistance to help their prekindergarten programs become accredited, although none of the states currently *require* accreditation (Adams & Sandfort 1994).

Additionally, supporting accreditation—in lieu of or in addition to regulation—may help strengthen the public image of policymakers. Today, many Americans—and the policymakers who represent them—are expressing anger and frustration with government, particularly with regulatory systems. In the common view, these systems are seen as being run by bureaucrats who constantly refer to books full of myriad rules that rarely make sense but cause countless problems and excess costs for the well-meaning people who operate small businesses such as child care. However, most people would agree with the basic goals of regulation, and they want children to be in safe, nurturing, and educational environments. Their objection is typically not to the *goals* but to the *process*. The perception is that government inspectors spend their time measuring the height of railings or checking the water temperature rather than verifying that the child care program is actually a nurturing environment.

While child care regulation is controversial, accreditation may be viewed in a more positive light. The term is familiar to many people and connotes images of professionalism and educational achievement. Colleges are accredited. Public and private schools are accredited. Hospitals are accredited. In the eyes of the public, accreditation may not be associated with government but with a professional association, a part of the private sector. Accreditation is also supported by early childhood practitioners in a wide range of settings, including nonprofit and proprietary child care centers, public school prekindergartens, Head Start programs, family child care homes, and more. It has the potential to promote consensus on standards and a common commitment to excellence throughout the community. By adopting accreditation as a benchmark for all programs, a funding standard, or a standard for differential rates, policymakers can make high-quality early childhood care and education a goal without entering into politically risky battles over regulatory requirements.

An important strength of the accreditation approach is that it is voluntary. Efforts to establish mandatory national child care standards have not been successful, and it is unlikely that such an approach will succeed in the near future. NAEYC, however, can have a profound effect on the early childhood care and education system by marketing a national system of voluntary accreditation.

Defining costs

In general, government pays for early childhood care and education services in three ways: grant, contract, or voucher. For purposes here, the terms *contract* and *grant* are used together to refer to funds that flow directly to a child care program and are based on a specific number of "slots," a targeted level of enrollment, or a specific service, not on a specific child or family. Contract and grant funds are tied to the program, not the family. Broadly defined, the term contract/grant may also include funds awarded by a state education department to local school districts. The term *voucher* in this context refers to a payment mechanism whereby funds follow the child to whatever provider is selected. The subsidy is tied to the family, not the program. This definition includes most purchase-of-service systems and may also include cash payments to parents.

Contract systems and grant programs

Government agencies typically negotiate contract rates with a specific provider or group of providers based on the amount of money that is available to purchase the care and an assessment of the *cost* of providing the service. Cost estimates are generally limited to the cash costs incurred in running the program.

In a number of cases, early childhood programs that receive grants or contracts must comply with staff educational requirements, higher staffing ratios, or other requirements that exceed the state's minimum child care licensing standards. Head Start and public preschool programs are a common example. Some state and local child care contract systems impose additional standards as well. In general, the per-child reimbursement made available through a contract or grant (which is often higher than child care reimbursement rates in voucher or purchase-of-service systems) is intended to compensate in part for the increased labor and program costs incurred as a result of these standards. These funding standards create a level of uniformity among the programs and make it easier to assign a uniform cost per child served. It is important to note, however, that each contract or grant system generally sets its own standards and monitoring procedures. Accreditation could help to establish uniformity and build bridges among the various early childhood care and education programs (see "An interagency approach" on page 118 for a further discussion of this issue).

In some cases the funding agency negotiates a contract or grant without requiring the program to meet any additional standards. The early childhood program possibly must submit financial reports and be monitored by the contract or grant issuer, but these factors do not necessarily increase program costs or encourage homogeneity within a market. A child care contract issued by a state social service department or a grant from the local United Way agency might fall into this category. It is far more difficult to assign a uniform cost to the services in these situations. Contracts of this type are often negotiated on a case-by-case basis or by assigning an arbitrary rate ceiling. Requiring that these programs be accredited could help not only to more accurately assign costs but also to ensure that the contract or grant funds are used to promote quality care.

Voucher systems

Public and private agencies that use vouchers as a method of payment typically base reimbursement on the *price* of care in a market rather than the cost of providing the service. Voucher systems most often require providers to comply with all applicable state or local regulatory requirements and do not impose any additional standards. If state or local law does not require the provider to be regulated (as is typically the case with in-home care and, in a number of states, small family child care homes), then no regulation is required to serve children who receive child care vouchers.

Rate-setting methodologies based solely on the price of care in a market cannot be consistently tied to quality measures. Research has demonstrated that the price of early childhood care and education services often fails to cover the cost of providing the services, regardless of how cost is defined. But setting this limitation aside for a moment, assume that the reimbursement rate established under a voucher system equals the expended (cash) cost in most child care programs in a local market. Many child care advocates hoped that higher quality programs would reflect higher cash costs and higher fees and, therefore, command higher market rates. Unfortunately this does not appear to be the case. The Cost, Quality, and Child Outcomes Study provides evidence for what many child care administrators and advocates knew intuitively: there is only a moderate relation between expended costs and the quality of center child care. Many higher-quality child care centers do not charge higher parent fees. In many cases these programs cover a significant percentage of their overall program expenses through contributions (in-kind or cash) and shift the savings into higher labor costs (Cost, Quality, & Outcomes Team 1995). The study did indicate that accredited child care centers charge higher parent fees (this issue is discussed in more detail on page 118).

Since we cannot rely on the price of care in a market or on individual program budgets to reflect the quality of services provided, how can a public agency ensure that its funds are used to purchase quality? It must impose funding standards. As noted earlier, these standards most often apply to care purchased under a contract or grant. Voucher systems are more likely to promote quality through the rate structure.

Differential rates

When funding standards that exceed minimum licensing requirements are applied to child care paid for with vouchers, they are usually tied to a rate differential. Very few states have established

differential child care rates for two key reasons: (1) federal regulations currently prohibit or discourage this practice and (2) many policymakers do not believe that the *price* of child care is a predictor of the quality of the care. Both of these barriers will be difficult to overcome; using accreditation as a measure of quality may help.

Federal regulations currently prohibit states from establishing rate differentials for care purchased with Child Care and Development Block Grant funds. Section IV-A child care regulations require reimbursement rates to be established on the basis of a market rate survey and cap payment at the 75th percentile of the local market rate. These regulations taken together make it difficult for states to establish a uniform rate policy that maximizes the use of all federal funds and also permits differential rates within a category of care. These regulations will likely be revised soon, making it easier for states to establish differential rates. Unfortunately this flexibility may come along with budget cuts, making it difficult for states to implement higher rate differentials even though they may have the flexibility and desire to do so.

State administrators will continue being reluctant to pay a higher price for higher quality care without additional evidence that the correlation is valid. However, if higher quality care is defined as accredited care, it may be possible to address administrators' concern. While the Cost, Quality, and Child Outcomes Study did not find that higher quality centers overall charge higher fees, it did find that accredited centers do charge higher fees. An earlier study conducted by the U.S. General Accounting Office (1990) also reported higher rates for accredited programs.

Although the findings in these studies might be helpful in convincing policymakers to establish differential rates for accredited care, it should not be the primary argument in support of the practice. Rather, the key point is the fact that accredited programs incur higher *costs* (also well documented by the Cost, Quality, and Child Outcomes Study in 1995). Based on current general knowledge of child care markets, it cannot be assumed that accredited early care and education programs will continue to charge higher fees when increasing numbers of child care programs become accredited. It is important to remember that accredited child care centers still represent a small portion of any child care market and are largely a self-selected group. It is possible that these programs have sought accreditation as a way to validate the quality of care they provide and to justify charging higher fees. The Cost, Quality, and Child Outcomes Study indicates that the accredited centers in its sample derived a significantly higher percentage of their revenues from parent fees than did the publicly operated centers, worksite centers, or centers with public funding tied to higher standards that were included in the study. If all of these centers, however, were to become accredited, it is unlikely that all would raise their parent fees since many have other revenue sources that are already being diverted to support the cost of providing higher-quality services.

If differential rates are to serve as an incentive to improve quality, they cannot be based on the *price* of care in a market but rather on estimates of the increased costs incurred in becoming accredited. It is entirely possible to estimate those costs and establish a rate, perhaps as a rate-adjustment factor applied to the market rate (for a more detailed discussion on rate-adjustment factors and child care rate-setting in general, see Stoney 1994).

An interagency approach

Public agencies that use a contract or grant method of payment often deploy staff to monitor the programs' performance. These staff use a variety of monitoring and evaluation tools. A few require NAEYC accreditation in lieu of or in addition to program monitoring. There is no uniform set of standards used by government agencies to monitor the performance of the early childhood care and education providers with whom they contract.

While NAEYC accreditation could serve as a unifying force to bring various early childhood care and education systems together, it is rarely used in this way. This is true not only across states but within a state, where several separate contract systems may exist. One government agency requires accreditation and another does not, or several different agencies use different assessment tools, all of which are similar to NAEYC accreditation standards. When a single provider receives funds from multiple state and federal agencies or divisions within a single state

agency, monitoring may be by different staff using different assessment tools. Individuals who develop these tools often base them on NAEYC standards, adding modifications to reflect their individual needs or circumstances. Through its accreditation system, NAEYC is in a unique position to help bring the various agencies together.

Accreditation as the basis for coordinated efforts

In Iowa the Department of Education (DOE) administers a child development program for young children at risk, entering into kindergarten "without the development or experience necessary to succeed in school or life." Child development services are provided at 66 sites in public schools, Head Start programs, and nonprofit child care centers. DOE staff provide technical assistance and conduct on-site monitoring visits. They also encourage the programs to become NAEYC accredited and assist them in this process.

The Bureau of Special Education, a division of Iowa's DOE, administers an early childhood program for children with disabilities (partially funded by Part B and Section 619 of the Individuals with Disabilities Education Act [IDEA]). These funds may be used to pay tuition or other costs for preschool children who are integrated into community-based preschool programs. Several years ago the bureau developed an evaluation process to help schools and other agencies determine which community-based child care centers were appropriate placements for children with disabilities. Many of the descriptors included in the assessment tool were drawn from NAEYC accreditation criteria.

At the same time that one division of DOE was encouraging its contract agencies to become NAEYC accredited and another division was developing an assessment tool based on NAEYC accreditation, yet another state agency, the Department of Human Services (DHS), was conducting an analysis of the child care subsidy system. This analysis recommended that DHS establish a separate reimbursement-rate category for accredited child care centers or family child care homes, and require that, whenever possible, children receiving protective services be placed in accredited care. It also recommended that DHS establish a new grant program to help child care programs complete the accreditation process.

Using NAEYC accreditation as a common standard across all early childhood care and education systems could be a step toward bridging the early childhood care-versus-education *gap.*

In recent years two federal agencies, the Department of Defense (which sponsors the Military Child Care Program) and the General Services Administration (which sponsors a network of child care centers located on or near federal work sites), have required the members of their networks to pursue NAEYC accreditation. Although there are no military child care programs in Iowa, there is at least one General Services Administration's child care center in the state that is pursuing NAEYC accreditation. These two federal employers could also provide leadership in promoting accreditation in employer-supported child care initiatives throughout the state.

Additionally, many of the Iowa child care resource-and-referral (CCR&R) agencies have been involved in ChildNet, a privately funded effort, to register and improve the quality of the family child care homes in their community. (Regulation of family child care in Iowa is voluntary.) While this initiative is not based on accreditation, it could easily be adapted to promote National Association for Family Child Care (NAFCC) accreditation as a goal. The CCR&R agencies could also become involved in promoting NAEYC accreditation in child care centers and other preschool programs. (NAEYC's accreditation system does not serve family child care, only group programs with 10 or more children.)

Each of the described efforts was occurring independently, and yet almost all of them were based, in whole or in part, on the concept of program accreditation. Rather than working in a vacuum, these initiatives could unite in a campaign with a common goal and support from the public and the private sectors.

Even more important, using NAEYC accreditation as a common standard across all early childhood care and education systems could be a step toward bridging the early childhood *care-versus-education* gap. All too often there is the

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perception that care and education must be viewed and evaluated differently when, in fact, they are integral in good practice. Tensions within the early childhood field also arise from perceptions that one program, setting, or approach, or one set of standards, is better than another. The extent to which many different sectors look to NAEYC for leadership, and value the NAEYC Accreditation process, is often overlooked.

It may be possible to use accreditation to help bridge the gap between Head Start and child care. The tension between Head Start and child care programs is often exacerbated by the belief of some in the field that Head Start performance standards are the only valid measure of a comprehensive, high-quality early childhood program. To what extent is this true? Indeed, Head Start programs provide a number of additional services, such as health and family and social services, that are not provided in most child care settings. But these services aside, isn't it reasonable to assume that the early childhood education component of the Head Start program is similar to that of any high-quality early childhood education program? Why couldn't NAEYC accreditation be used to assess the early childhood education component, and perhaps a special Head Start/comprehensive services module could be added to measure compliance with Head Start performance standards?

Such an approach would recognize the increasing number of programs that provide services, using a variety of funding streams. These programs are often monitored by multiple entities, including the Head Start regional office, the local licensing agency, staff from a state agency, such as the social services department or the education department or both. A single program assess-

ment tool could help in streamlining and coordinating all of these monitoring visits. Additionally, incorporating a Head Start module into NAEYC accreditation could offer states a helpful and cost-effective way to comply with the new federal requirement (under the Improving America's Schools Act) that preschool programs receiving Title I funds meet Head Start performance standards.

CCR&R self-assessment as a model

The child care resource-and-referral agencies in several states have begun to establish self-assessment or validation systems that may offer an interesting model for the NAEYC accreditation system. CCR&Rs in Illinois, Massachusetts, California, Vermont, Georgia, Alabama, North Carolina, Florida, and Washington are currently using such systems. Several other states are in the process of developing performance standards and evaluation systems. In several cases states use these systems to monitor the agencies with whom they contract; others use validation or self-assessment to augment state monitoring efforts. CCR&R self-assessment is like the NAEYC accreditation process, based on a set of performance standards (currently developed by each state R&R system). It includes three steps: (1) a requirement that each agency conduct a self-assessment of compliance with the standards, (2) a validation visit by a trained validator, and (3) a commission of experts who meet to review the self-study and validator materials and determine whether or not the agency has sufficiently met the standards (Stoney 1995).

Although the general approach taken by many state CCR&R networks in their validation process is similar to the NAEYC accreditation process, what is different is that it involves various levels. The different levels make it possible to measure performance on a wide range of services that may not be provided by all of the agencies, as well as to encourage continuous improvement. The Illinois CCR&R self-assessment process, for example, is organized around nine broad indicators. These indicators correlate with the core services of a CCR&R agency (such as maintenance of data base, consumer education and parent referrals, training and technical assistance, etc.) Each indicator includes several subcategories that identify desirable CCR&R activities or attributes. Varying levels of service are also described: Level I is adequate/minimal (the basic level of core services required by the state in order to maintain a contract); Level II is desirable; and Level III is optimal.

It may not make sense for NAEYC accreditation to incorporate levels of service described as adequate/minimal, desirable, or optimal, since one would assume that complying with minimum state licensing standards is adequate/minimal and accreditation implies a standard above this. It might make sense, however, for NAEYC to establish various components or modules of NAEYC accreditation that would reflect the various types of services an agency provides (such as comprehensive services, early intervention services, family resource services, etc.)

The self-study/recognition process established by the Ecumenical Child Care Network (ECCN) contains a precedent for the module or component approach to accreditation. The process, called Congregations and Child Care, complements the accreditation conferred by NAEYC and provides a forum in which to address the issues that have an impact on the quality of programs related to religious congregations. ECCN also coordinates a mentor assistance program that provides trained skilled mentors to self-study participants.

The role of accreditation in supporting collaborative funding

The current method of financing early childhood care and education services in the United States reflects a hodgepodge of programs and services having no clear connection to one another. Some subsidized programs focus on meeting the needs of children for early education or in the child welfare system. Others focus on meeting the needs of parents who are employed, on public assistance, in job training programs, or so forth. Funds for all programs are limited. Tension and turf battles abound. If the United States is to succeed in developing a rational system of public financing, we must begin to view early childhood care and education services as a unified system that focuses on the needs of both children and families. We must develop financing methods, goals, policies, and procedures that can reinforce this view.

The most common response to the current fragmented financing system has been to focus on

service providers. Rather than focusing on blending and coordinating funds at their source, we have encouraged service providers to attract funds from multiple sources and to use them in providing coordinated services to families. We know that attracting and blending these funds successfully is a tough job (Schultz, Lopez, & Hochberg 1995). We have also learned, however, that blended financing can have positive results. The Cost, Quality, and Child Outcomes Study reveals that higher-quality child care centers receive significant sources of revenue other than parent fees and use those additional revenue sources to invest more in staff compensation (Cost, Quality, & Outcomes Team 1995).

The lessons learned from these providers can perhaps inform the systemic change we need, and NAEYC accreditation might be a small step in that direction. Promoting program accreditation as a common funding standard for early childhood contract and grant programs could also help to promote blended financing across a range of systems. Another key step is using the lessons learned from innovative leaders who have developed comprehensive early childhood programs that cross systems to inform revisions to the NAEYC accreditation process.

While accreditation can be an important tool in encouraging blended financing and promoting accountability in contract systems, it should not limit access to care. Only a small percentage of early childhood programs are currently accredited. Many will need time and support to meet the accreditation standards. It is also not feasible to use accreditation as a funding standard for all early childhood care and education services paid for with vouchers. To do so would severely limit access to subsidized care for many low-income families. While it is important to promote high-quality child care as a goal, making it even more difficult for families to find care is counterproductive. Current requirements that limit the use of vouchers to *legal* care (any child care that is not required to be licensed) should be maintained. Optional approaches that encourage accreditation, such as establishing a higher voucher reimbursement rate for accredited care, serve as important incentives. Differential rates would also encourage programs that currently have contracts or grants to accept vouchers as well.

Reducing bureaucracy and reaching out to the private sector

Accreditation can help reduce bureaucracy and build bridges with the private sector. As noted earlier, accreditation could be used in lieu of program monitoring to promote quality in programs that receive government funds directly through a contract or grant. We could encourage private-sector partners, such as the United Way, community foundations, corporate child care sponsors, umbrella organizations like the Federation of Jewish Philanthropies and Catholic Charities, and other funders, to join with the state or local government in requiring accreditation for the early childhood programs with which they contract or to whom they award grants. This practice would help establish a common set of goals and standards for high-quality child care across public and private systems.

Communities could promote accreditation as a common goal for all early childhood programs, whether or not they receive public or private funds. While this may be a more difficult goal to reach since many independent programs do not have the resources necessary to become accredited, private-sector partners could help develop a marketing campaign, provide incentive funds, and support technical assistance efforts to promote accreditation. CCR&R agencies could publish lists of accredited programs so that parents know to ask about accreditation and begin to recognize it as a benchmark for quality. Parents should receive encouragement to look for the accreditation logo when visiting child care programs.

Accreditation can help to reduce bureaucracy. By using accreditation in lieu of program monitoring, a peer evaluation system—based on nationally recognized standards and conducted by trained validators drawn from the community—replaces a government system. When used to coordinate and streamline the monitoring processes employed by various public (and private) entities, accreditation reduces paperwork and eliminates duplicative monitoring visits. Some people may raise concerns that peer evaluators will not take their jobs as seriously or evaluate programs as critically as staff hired by public agencies. However, experience from states that use the self-assessment process to measure the performance of the

CCR&R agencies with which they contract indicates that these concerns are unfounded. Some states have found that peer evaluators are more likely to hold programs to higher standards and are more critical of poor performance than are state agency staff.

Keeping administrative costs to a minimum

From the policymaker's perspective accreditation is a very inexpensive way to promote accountability. Quite frankly, government couldn't get a better bang for its buck. Unless the state decides to invest funds in helping providers complete the self-study, pay the accreditation fee, or make necessary program modifications, the accreditation process essentially costs the government nothing. But completing the accreditation process is not easy, nor is it cheap. If state and local governments are to become part of a public/private partnership to promote accreditation, then the extent to which they contribute to the cost needs reexamining. We should explore a variety of cost-sharing models.

Benchmarks

Benchmarks are measurable indicators that are used to assess progress toward broad strategic goals. A growing number of states are developing performance indicators for a host of service delivery systems, but few have developed benchmarks for assessing quality in early childhood care and education programs. To date, North Carolina and Vermont appear to be the only states having included accreditation among their list of benchmarks.

The Early Childhood Data Collection Group, a national coalition, recently developed a list of 21 indicators of improvement in the early childhood care and education system. Unfortunately, most of the indicators on this list characterize improvement that cannot be measured without conducting a special study or survey and, therefore, would be costly to implement. The number of early childhood programs accredited by nationally recognized entities, however, was one of the 21 recommended indicators. Accreditation was also one of the benchmarks suggested by staff of the federal Administration on Children and Families (ACF) Child Care Bureau at a meeting on establishing performance measures in child care.

The primary argument against using accreditation as a performance indicator is that it is seen as a standard beyond the reach of many programs; on the other hand, using minimum licensing standards as a benchmark gives programs no incentive to improve.

There are two strong reasons for establishing accreditation as a performance indicator. First and most important, research indicates that accredited early childhood programs provide higher quality care (Whitebook, Howes, & Phillips 1989; Cost, Quality, & Outcomes Team 1995). Second, accreditation is an easily measured benchmark and does not require a special study or collection of new data.

The primary argument against using accreditation as a performance indicator is that it is perceived as a standard beyond the reach of many programs. Only a small percentage of early childhood care and education programs currently are accredited. As a result, policymakers and advocates have focused their efforts on increasing the number of programs that meet minimum licensing standards. The problem in using minimum licensing standards as a benchmark is that programs get no encouragement to improve. Minimum standards are indeed *minimum*, and many states fail to set adequate standards or to monitor the factors that research has demonstrated to have an effect on quality: high staff-to-child ratios, staff education and specialized training in child development, and experienced administrators.

Without question, accreditation would not be a helpful benchmark in a state or community that does not make a commitment to establishing a host of public and private initiatives designed to increase the proportion of accredited programs. Successfully promoting accreditation will require targeted funds, leadership from many different partners, strong and multifaceted efforts to help programs complete the process, clear benefits for programs becoming

accredited, and a public education campaign to promote the benefits of accreditation.

Concerns and questions

In launching an effort to reexamine the role of accreditation in the next decade, NAEYC initially raised a number of key questions. These included the challenges of implementing a national system of accreditation across states that have such variant regulatory contexts and markets, promoting equitable access to high-quality programs, and raising public awareness about accreditation and high-quality programs when so few accredited programs are available. A discussion of these concerns follows.

Limited access to quality child care

Research documents well the wide variance in the quality of early childhood care and education programs in the United States. Better quality care appears to cluster at the extreme ends of the income distribution, with the wealthy and those receiving some form of subsidy more likely to receive higher quality care than are those in middle-income groups.

While improving the quality of care without furthering inequity is an important goal, it may not be possible to achieve, at least not in the short term. With so few early childhood care and education programs accredited and the quality of most programs so poor, even marginal success in increasing the number of accredited centers will most likely increase inequity. This may not be a negative outcome, however.

Whether we view the outcome as positive or negative depends, in part, upon how *equity* is defined. Many children's advocates argue that the goal should be to ensure that every child receives high-quality early childhood care and education services. One way to achieve this goal is by adopting very high licensing and funding standards—perhaps equal to accreditation—and refusing to allow programs that fall below this standard to enter the regulatory or subsidy system. While this strategy would affect all child care markets equally, the difficulty and cost of meeting very high standards would probably cause many programs to close. This approach probably would severely limit the supply of legal child care options available to families and encourage the proliferation of illegal, unregulated child care.

Others argue that our concerns should focus primarily on families of low-income children and that the goal should be to ensure that every child who is subsidized receives high-quality early childhood care and education. One way to achieve this goal is by requiring all early childhood providers that receive any form of public subsidy to comply with very high standards. Assuming that these standards are higher than minimum licensing standards (and they should be, if the goal is to promote high-quality care), this approach will likely increase the cost of subsidized child care and probably do little to increase access to higher-quality care. Many early childhood care and education programs serve only a few children receiving subsidies (usually under a voucher system), and subsidy funds are so little that it would not be financially feasible for the program to meet the higher standards even if higher reimbursement rates were made available. These programs would simply avoid the higher standards by choosing not to serve children who are subsidized. The supply of child care available to low-income families, already limited in many communities, would diminish even further. Low-income families working to feed their families might be eligible for a child care subsidy but unable to use it because no programs that meet the high funding standards are available near their home or workplace.

The current compromise in this *supply-versus-quality* dilemma is to establish minimum licensing standards and allow subsidized families that receive child care vouchers to choose any legal form of child care. This option focuses on ensuring that providers comply with state and local regulatory requirements while at the same time offering families the widest possible choice of care. The problem with this option is that it implies that minimum health and safety standards may be equated with quality child care, does nothing to encourage early childhood programs to improve the quality of services they provide, and fuels the *care-versus-education* debate (by reinforcing the notion that child care standards need to focus only on minimum health and safety issues).

An alternative approach seeks the middle ground. State and local regulatory requirements would continue to establish minimum standards. Subsidized families who receive vouchers would

be permitted to use them to purchase any legal child care options. But minimum licensing standards would not be the benchmark used to measure or promote quality. A host of incentives designed to promote continuous improvement, self-evaluation, and professional development would encourage quality. A cornerstone of the new system would be a universal commitment to accreditation. Incentives to become accredited could include: accreditation established as a funding standard for contract or grant programs, differential rates established for accredited care paid for with vouchers, increased tax credits allowed for families who use accredited care, grants made available to help programs pay one-time costs of becoming accredited, CCR&Rs or other community agencies funded to help providers become accredited, a public education campaign initiated to support accreditation, and so forth.

The alternative approach would not address the *cost-versus-price* dilemma. Although requiring accreditation would undoubtedly increase costs, parent fees are typically driven by the local market. Programs located in a market that can bear higher fees would probably raise their fees; others might have to keep fees to a minimum, continuing to raise revenues from contracts, grants, in-kind donations, and other sources and diverting these revenues to cover the increased cost of accreditation.

The difference in the alternative approach is that making accreditation a benchmark for quality sends several important messages to policymakers, funders, and the general public:

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1. Child care and education are not separable and should not be delivered or evaluated as two components but as one.

2. Efforts to promote high-quality early childhood education programs should focus on children's development—not just minimum health and safety standards—regardless of the setting, type of program, or length of program day.

3. Responsibility for strengthening and monitoring the quality of early childhood education programs must be shared and should include administrators and funders in the public and private sector, consumers, community leaders, and providers themselves.

Additionally, by promoting accreditation as a funding standard as well as a performance indicator we encourage funders to recognize the important leadership role they play in promoting high-quality early childhood care and education services. As they become involved in supporting the accreditation process, funders will learn that programs cannot simultaneously improve quality and keep fees low without additional sources of revenue to supplement the fees paid by families. Over time, this may help to build support for new grant programs and other operating assistance (from public and private sources) to augment rates.

Different accreditation standards and systems

A potential barrier to moving forward with a new accreditation campaign is that several organizations are involved in accrediting early childhood care and education programs; NAEYC is only one. The National Child Care Association established the National Early Childhood Program Accreditation process and since 1992 has accredited 44 child care centers in 10 states; since its beginning in 1992, the National Accreditation Council for Early Childhood Professional Personnel and Programs has accredited 80 programs in 5 states (Child Care Bureau 1995). The National Association for Family Child Care accredits family child care homes. (In January 1996 NAEYC accredited programs numbered 4,527 in 54 states, U.S. territories, and commonwealths, and in 13 other countries.) Additionally, the National School-Age Care Alliance is exploring the feasibility of establishing an accreditation process for school-age programs. NAEYC's success in marketing accreditation and forging a national partnership with state policymakers, depends on its doing so in concert with these other organizations. Engaging in a process of dueling accreditation systems will simply not work and will discredit the process in the eyes of policymakers and the general public.

One option would be to promote parallel systems and allow families and state policymakers to choose the accreditation system that best meets their needs. The problem with this approach is that the education department in one state might choose one accreditation system and the human services department might choose another. They would once again be in the same boat of different standards and systems being used in situations where one provider might be eligible for funds from both entities. This option also sets up situations in which one system can be viewed as better than the other, further fueling the *care-versus-education* debate. From a public policy point of view, a much better approach would be to bring all the organizations involved in establishing accreditation systems together to arrive at broad-based consensus standards.

Policymakers need at a minimum a clear understanding of the differences between (or similarities among) the various accreditation systems. They need to know how accreditation criteria compare with many of the other sets of standards against which early childhood care and education programs are evaluated. For instance, how do accreditation standards compare with Head Start performance standards and with American Montessori International guidelines? How do they compare with what state education departments require of public prekindergarten programs or programs serving children with disabilities or with the standards used by large state- or city-contracted child care systems?

Administrative costs

Strengthening the role of NAEYC accreditation in the public policy process depends, in large measure, on the capacity of the National Academy of Early Childhood Programs to process accreditation requests promptly and efficiently. A major complaint of many early childhood programs in the states is the length of time it takes to secure or renew a child care license or receive a required monitoring visit. If a partnership between

NAEYC and the states is to be successful, the Academy must prepare to handle a significantly increased workload. What additional staff will be needed? To what extent is this expansion possible? Should the cost of accreditation increase? If so, will higher fees discourage participation? Should alternative fee structures be explored? These and many other questions must be thoroughly explored.

Encouraging more programs to complete the accreditation process will require marketing, outreach, and technical assistance. It is important to think carefully about the most effective way to achieve these goals. It may also be necessary to revise the accreditation process to make it less cumbersome and more user friendly. In short, the process should be carefully reviewed and evaluated before reaching out to policymakers, community leaders, and others.

Recommendations

NAEYC can take a number of steps to strengthen the role of accreditation in state and local government as well as in child care programs supported by the private sector.

1. Review and compare all existing early childhood program accreditation systems.

2. Compare NAEYC Accreditation to Head Start performance standards, American Montessori International standards, and any other standards or system used to evaluate the performance of early childhood programs.

3. Explore the feasibility of establishing an accreditation system that has various levels or modules, similar to the validation systems currently being developed by CCR&Rs or the ECCN self-study process. This could allow for variations in approach (e.g., comprehensive services or Head Start module or a Montessori module) as well as various levels of service.

4. Identify a state or city (or group of states and cities) that uses various assessment tools to monitor the child care programs from which they purchase care and explore the feasibility of establishing a single tool based on NAEYC accreditation standards. Based on this assessment, develop a model evaluation/accreditation tool that could be used to evaluate care funded by various systems—school-based, community-based, for children with disabilities, and others. Then, identify what it would cost to implement the plan and how these costs might be shared by government, NAEYC, and providers.

As funders become involved in supporting the accreditation process, they will learn that programs cannot simultaneously improve quality and keep fees low without additional sources of revenue to supplement the fees paid by families.

5. Bring together a small group of people from the various accreditation systems to discuss the feasibility of working together on a coordinated accreditation approach and marketing strategy.

6. Approach private sector organizations that provide operating assistance to early childhood care and education programs (such as the United Way, the Federation of Jewish Philanthropies, Catholic Charities, and so forth) about the possibility of launching a campaign to require the programs with which they contract or that they supervise or assist to become accredited.

7. Meet with representatives of the U.S. General Services Administration child care program and the Military Child Care Program to learn more about their experiences with requiring the members of their networks to become accredited.

8. Examine the additional administrative needs and costs that may be imposed on the National Academy of Early Childhood Programs as a result of efforts to increase the number of accredited early childhood programs.

9. Work with organizations, such as the National Governors' Association, the National Conference of State Legislators, and others, to encourage states to adopt accreditation as a benchmark.

10. Conduct focus groups with early childhood program directors and staff to learn more about (1) how the accreditation process can be improved, (2) what marketing and outreach techniques might be most successful, and (3) what kinds of technical assistance are most effective in ensuring that programs complete the process.

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Gwen Morgan

12

Licensing and Accreditation: How Much Quality Is *Quality*?

We in the early childhood field know quality when we see it. We recognize it in the welcome that we find when we visit a program, in the magical feeling of community among the children and staff, in the way that people are engaged in what they are doing, in the relationships, and in the sound, the smell, and the feel of the place. We want that magic for all children, and we are appalled when our nation complacently accepts less than that for any of its children.

When NAEYC embarked on an accreditation program, we enthusiastically embraced the idea. At last we were doing something active and valuable toward our goal of quality. Many of us saw accreditation as similar to licensing, only better. It was better, many of us thought, because the standards were higher and because it wasn't policing. We wanted to be helpers, not police persons, we believed. What many of us really wanted, way down deep, was a law that would make people follow our advice.

However, we have never fully refined our assumptions about quality and never fully communicated them to policymakers. In an era in which licensing is seriously threatened, it is time to think through our approaches to quality in a much more sophisticated way. It may be that our enthusiasm for accreditation, our emphasis on quality without any definition of levels, and our lukewarm view of licensing contribute to a weakening of the basic protective level of quality for all children.

* * *

This discussion attempts to refine approaches to quality to develop more effective approaches for the future. In the process I consider various continua, such as levels of standards, levels of intentionality, levels of quality, and the movement from input standards to outcomes. The important issues of credentialing, although relevant to this topic, are outside the scope of this discussion, which addresses quality primarily as it is affected by facility licensing and facility accreditation. To describe the important relationships between licensing and accreditation, a necessary, heavy focus on licensing begins this discussion. A successful high-quality accreditation program needs to count on a strong, basic licensing program.

Levels of facility standards

In general, advocates in this field do not define levels of quality. We want only the best for America's children. We have given policymakers the impression that we favor unnecessary expense, "Cadillac Child Care," to benefit ourselves and our field. An author who has been influential in the present policy climate put this way: "What they dream up, and then turn into law, is their view of the ideal facility. It is as if the illustrator Norman Rockwell had been made dictator and ordered everyone to do things his way" (Howard 1994).

Howard's facts are not always accurate. "Under Massachusetts law," he writes, a nursery school "must be run by a teacher with almost the equivalent of a master's degree." In actual fact, Massachusetts requires no degree beyond high school for any role in child care. A person can be a teacher with only one college-level course and a director with six courses. He goes on to say, "Less idealized rules would permit affordable day care for parents who can't possibly pay $4,000 for each child, while still providing a basic oversight function. This would require, however, accepting the idea that everything can't be perfect" (Howard 1994).

Norris Class presented a conceptual framework for levels of standards for early care and education at an NAEYC conference a number of years ago (1969). Since then the concept has been summarized numerous times in print. Norris Class's levels of standards are shown in the chart "Approaches to Achieving Quality."

The basic level of standards is represented by licensing and the other regulatory approvals that are associated with it. Licensing is an official permission to operate a center or family child care home. Without this permission or permit, it is against the law to provide care services for children. The standards at this basic level, therefore, define the necessary level of quality at which the citizens of a state collectively agree that child care must meet. It is the line drawn in the sand, state by state.

In some states citizens set the mandated minimum at a higher level than do those in other states. Researchers find that outcomes are better in the states with higher licensing standards (Whitebook, Howes, & Phillips 1989; Galinsky et al. 1994). In all of the states, the line moves as these standards are constantly reexamined and revised. States revise their licensing on an average of every four or five years. When they revise the standards, they look at where their state stands in relation to other states. States wanting to be the best might find that they have fallen behind another state. If they want to be in the middle range, compared to other states, they may find that the middle has moved.

Anyone familiar with standards at this level is aware that no state is requiring ideal quality or "Cadillac child care." The fact that a massive misperception of licensing exists tells us that we as advocates may have given the impression that we want licensing to mandate the ideal. In our pursuit of quality, we may have reinforced the views of the antiregulators.

The next level up would be funding standards. A funding source might specify that programs receiving its dollars should not only meet basic licensing requirements but additionally should reach a higher level of quality. Programs not receiving these funds are not obligated to meet these standards, but the funding source can specify a level of quality it wishes to procure to achieve its goals. Head Start's performance standards are one example of funding standards.

Accreditation standards represent a level of quality that is voluntarily sought by programs that wish to be recognized for their higher quality.

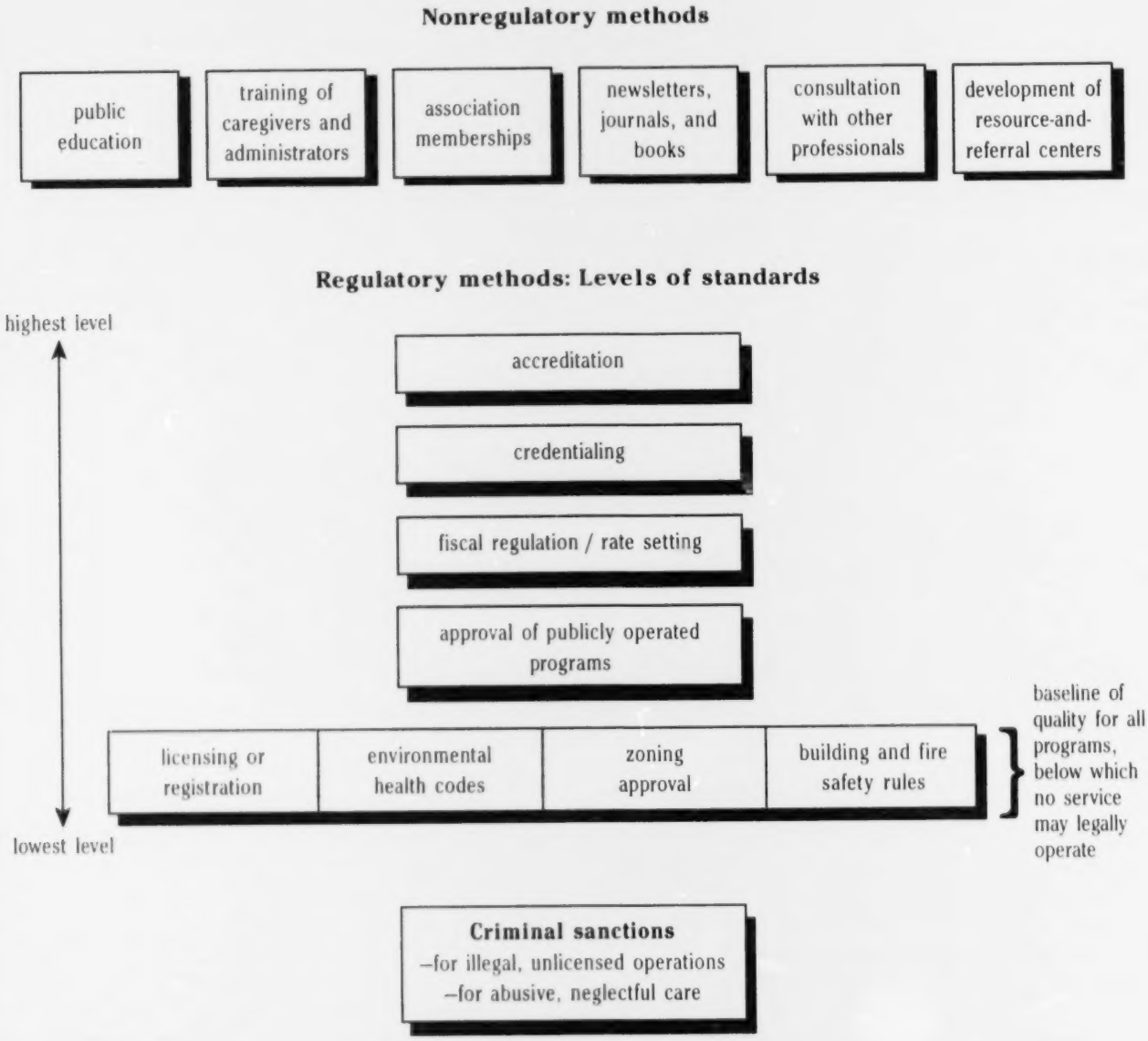
Guidance standards, such as those developed by the American Academy of Pediatrics and the American Public Health Association, represent the best practice recommendations from experts. These standards are used by programs themselves to improve their practice and by standards-writing groups at all levels.

Levels of quality

The levels previously described represent different types of standards applied to facilities. Despite these standards, we now know from the Cost, Quality, and Child Outcomes Study summary that only 14% of child care centers can be described as *good* or *excellent*, and the rest are *mediocre* to *poor* (Cost, Quality, & Outcomes Team 1995). We have set no short-term or long-term targets for the percentages we would like to see at different levels of quality. Do we expect all programs to be excellent? Undoubtedly, that is our long-term goal; but our country has not made a commitment to support the affordability of child

Approaches to Achieving Quality in Early Childhood Programs

Goal: To achieve quality in early childhood programs



Source: Based on levels of standards by N.E. Class, "Safeguarding Day Care through Regulatory Programs: The Need for a Multiple Approach" paper (Seattle, WA: NAEYC Annual Conference, 1969).

care or to provide infrastructure support in the form of training and quality enhancements to achieve this goal now. Although we try to get more support for quality child care centers from public and private funders, we need to clearly define levels of quality. In fact, if they are not clearly defined, we will not receive the funding needed for quality early childhood programs.

Different strategies are needed to address different levels of quality. Conceptually it might be useful to define four levels:

- harmful, unacceptable quality
- good-enough quality
- good quality
- excellent quality

Harmful, unacceptable quality

Strategies for improving child care judged as *harmful* must address how to reduce the risk of harm. A first principle must be, "First, do no harm." Many research findings confirm that children are more likely harmed by child care programs that have higher ratios, untrained teachers, and other conditions that licensing rules would eliminate.

We need to make the case against harm. We may have been so busy advocating high-quality child care that we forgot to make the case against harm, or we did so inadequately. There are at least four documentable types of harm:

- spread of disease, not only among children and staff in the programs but also in the community at large
- risk of fire and safety hazards in centers
- risk of injury
- risk of developmental impairment

While we may get a ho-hum or so-what? reaction to our advocacy for high quality, there is certainly a national consensus against harm to children. What elected or appointed official would wish to be known for opposing steps to protect children from harm? While officials may discount our efforts to achieve an undefined level of quality, which they may associate with child care licensing rules, they tend to support health and safety regulation without question.

The enforcement of state and local health codes addresses the spread of disease, and the enforcement of state and local building codes covers building safety. However, only child care licensing rules address harm from injury and developmental impairment. All four types of harm need to be reduced or eliminated.

Licensing is a powerful, time-honored intervention by the state into the right of citizens to earn a living caring for children, carried out on behalf of children's right to be free from harm. State licensing laws have been in place for many years; the first passed in Pennsylvania in the 1880s. The law usually begins by completely outlawing child care service because the legislative body has determined there is the risk of harm. Permission is then restored to certain individuals who have met standards and received an official license or permit from the state.

Legislative bodies are very likely to support such strong state action on a rationale of quality. Licensing laws were passed to prevent harm and will continue only if citizens keep making a strong case that the laws prevent harm. Much of our policy research is couched in language about pursuing quality rather than about preventing harm, although there is ample research evidence that harm is prevented. Legislators and policymakers need to hear that licensing standards are essential for even the minimal goal of protecting children from harm.

Good-enough quality

Assuming that our licensing efforts continue, we should expect that harmful conditions will be further reduced in the future. Programs that put children at risk are eliminated or improved. Assisting new programs to reach a level of quality beyond the level of risk is a clear goal. Licensing aims to make sure that programs are at least good enough. *(Good enough* is a phrase suggested by Sharon Lynn Kagan.)

Licensors will encounter three types of child care program operators and in three ways will assure that the programs are of good-enough quality.

The first and rarest type of program operators includes those who have no intention of meeting licensing rules. As state laws anticipate, they will "willfully, deliberately, repeatedly, continually" fail to comply with the rules. Overall, most operators are well intentioned, but the law must—and usually does—account for the fact that a few are not.

Advocates for children and the other early childhood program operators should welcome

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strong state action to close down programs that are not making the effort to rank at least as *good enough* to meet the state's definition of necessary quality. Eliminating operators who are unscrupulous is important to the well-intentioned operators who must compete against them in pricing. Further, when harm comes to a child in a program that is not good enough, the image of the entire child care field is unfairly tarnished.

The second type of operator that the state encounters is the newcomer to the field. An operator who wants to start a new program uses the state's rules as a definition of how he or she will operate within the law. Because many of the new operators may not yet have the knowledge and experience they need to operate their programs, the licensing rules have an important educational value for these individuals. For the new operator, the rules serve as start-up specifications. The newcomer also may encounter other sources of knowledge about higher levels of quality to which the program may aspire, but at the very least the new operator must know what good-enough quality means to get a license.

As the program begins operating, depending on the skill of the director, it may inadvertently fall into noncompliance in many areas. It is not easy to manage a program, and new directors of new programs may need attention and help from licensors. The goal of licensing for newcomer operators is not to harass them or eliminate their program but to help them achieve and maintain compliance with the rules that define what the state believes is a sufficient level of quality.

The third type of operator includes everyone else. These operators understand and agree with the

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rules and have every intention of complying with them. However, the director might reason these ways: "We didn't quite comply today because the plumbing overflowed," "I had to fire a staff person," or "That parent with a serious problem spent so much time in my office." The next day the director could have three other reasons why crises and other priorities impeded meeting the day-to-day requirements. Each day the director may encounter real reasons that interfere with meeting the rules. The program might almost never be in compliance. Sadly, this could even be true of an accredited center.

The fact that licensing is in place, however, gives priority to meeting the rules. It makes the level of day-in and day-out quality a priority that cannot be set aside because of daily events. Licensing, by its very existence, raises the level of priority in most centers to maintain their commitment to being good enough despite other priorities of the day.

As a tool for policy, licensing cannot go beyond the status of *good enough*. It can eliminate intentionally harmful programs, reduce risks, educate new providers, and maintain a level of good-enough quality care; but it cannot go beyond good-enough quality until the citizens of a state raise the bar and redefine what is adequate or good enough—which they will do eventually.

The level of *good enough* is agreed upon when a state has programs able and willing to meet the rules. If a state sets its rules higher than the field of practice can meet, an unlikely possibility, the state will not be able to enforce the rules, and widespread waivers will result.

However, the field of practice is continually learning and improving beyond what is required. Accreditation, training programs, and expert advice affect practitioners. At intervals when the state is rewriting its rules, more practitioners will be able to reach a higher level of quality and establish a redefinition of good-enough quality, based on new knowledge of how to prevent harm to children.

Over time, licensing, therefore, tends to continue raising the level of required good-enough quality, as more and more practitioners improve their programs and are able to meet the new rules. A strategy successfully used in many states in recent years (e.g., Georgia, North Carolina, Texas, Florida) has been to adopt new rules and to postpone the effective date for implementing them. This defuses opposition to change by giving operators time to make the transition.

As the field of practice raises its own level of quality—influenced by higher education, professional meetings, and accreditation—licensing can and does raise its standards. This recognition of a process that leads to improved standards might confirm the view of the opponents of licensing: the advocates are indeed imposing unnecessarily high quality through licensing, but doing it gradually. However, research makes clear (Cost, Quality, & Outcomes Team 1995) that we have a long way to go before we need to fear the imposition of high standards, when only 14% of centers are at the level rated *good* or better.

Good quality

Obviously, as advocates we should not settle for *good enough* as the standard for our communities even though that level is as far as the strategy of licensing can take us. We should pursue other ways of achieving higher quality in child care programs, through training, accreditation, resource-and-referrals, consumer education, public education, financial incentives, and sliding-fee subsidy. Yet, our efforts to help good or adequate programs to become excellent should not obscure our most basic insistence: *all* child care programs should be good enough to do no harm. It is only from a base of good-enough care that we can pursue high-quality care. Allowing our efforts of basic prevention of harm to deteriorate while we pursue high quality would be a tragic error.

We want many of our programs to be more than good enough. We want them to be good or excellent, and we want this for as many programs as possible. We may not be able to deny permission to operate, to fine program operators, or to put them in jail if they fail to achieve levels of *good* or *excellent*, but we want to use all the means possible to help programs surpass the level of *good enough*, while we strongly support the safety-net level of preventing harm.

Accreditation is one of our best tools for stimulating programs to reach levels of *good* or *excellent* quality. The bottom line for accreditation cannot be *good enough*; it has to be *good*. Accreditation assumes that licensing is in place, building safety standards are in compliance, health codes are met, injury-prevention rules are

followed, and that the state has inspected the program and has maintained its commitment to good-enough quality. The assumption may be incorrect in a given state, but it should be a goal for advocates.

Programs with the will to strive for higher quality voluntarily apply for accreditation, which recognizes their will and their accomplishments. The standards for accreditation, because they are voluntary, can emphasize the important intangibles that states find difficult to enforce with due-process responsibilities to citizens. Accreditation gets us from *good enough* to *good*, and sometimes even to *excellent*. Licensing and accreditation dovetail and complement one another well; they are not rival approaches to quality.

As a tool for policy, licensing cannot go beyond the status of good enough, *as defined by the citizens of each state. Accreditation gets us from* good enough *to* good, *and sometimes even to* excellent.

Excellent quality

Excellence is a pursuit that never ends. We should not be fully satisfied in having achieved good-quality programs, even those that meet every accreditation standard. It is important to look higher at our excellent-quality programs and at excellence in other fields to see what we can do to inspire and challenge the field of early care and education to pursue excellence.

Programs for children younger than school-age often have a high degree of program autonomy, with a minimum of the red tape and bureaucracy that impede school reform. Each small, licensed program can be establishing its unique place in the community and pursuing its unique vision. This pursuit of excellence must not be impeded by overregulation.

It is possible that reliance on standards might even impede the pursuit of excellence. When we achieve the level of *good* quality and meet accreditation standards, we may believe our program is as good as it ever needs to be. If we rely just on standards, there may be nothing that inspires us to go further. The standards themselves may tell us that we have no more improvements to make—we have met the goal.

Furthermore, the standards may fail to inspire us to pursue our own vision of excellence, to be different from other programs. Standards have not had a standardizing effect on our field, but, in themselves, they do not lead us toward uniqueness. That inspiration comes from somewhere else. Knowing this, we might think of ways of writing accreditation standards that would expect continuous improvement and inspire excellence. We might consider inviting programs to identify further improvements beyond accreditation standards that they intend to make, asking for a progress report at the time for reaccreditation.

If our lawyers talk us out of trying to achieve continuous improvement through accreditation because accreditation systems have a legal obligation to be fair and as uniform as possible in making decisions, we will need to rely on other strategies beyond accreditation for pursuing excellence. Some promising avenues toward program improvement include increased attention to director qualifications, both in licensing and accreditation. Much of our emphasis has been on assuring their qualifications in child development. However, directors need an understanding of management, how to maintain policy in their operations, and how to give feedback to their staff. They need to know basic marketing concepts so they can design their programs to meet the changing user needs of families and children.

Funding strategies can and should be tied to quality. We certainly should not fund programs with low licensing compliance. Texas now has a system of rating centers on their level of compliance. Centers with high compliance rate a 3 and receive less frequent visits by licensors. Those rated 1 are visited more often; the state will not fund centers with 1 ratings. States have begun to pay higher reimbursement for accredited centers and family child care homes. This could be extended to include higher reimbursement for a higher percentage of well-qualified staff or for credentials of the director. These approaches capture the attention of the *good-enough* quality centers and offer them incentives to move to *good* quality.

Incentives to pursue excellence might include some kinds of recognition, such as the awards that have inspired total-quality management in business. Most certainly, the incentives to further

training through scholarship programs, such as the T.E.A.C.H. Early Childhood Program in North Carolina, inspire raising the field of practice to higher levels. Community-based CCR&R agencies can inspire the pursuit of excellence in many ways if they have the resources for offering consultation in quality and giving more detailed information to parents. Most of the strategies for the pursuit of excellence will not be based on standards alone.

Input versus outcome

Entering the computer age, we learned to think in computer terminology: input, throughput, and output. This mode of thinking may have affected the way we think about standards. Licensing requirements are primarily input standards; that is, they define what goes into a program and not what it accomplishes. This type of requirement is useful because it is clear and measurable, and it relies on the assumption that creating these conditions in every program will prevent harm. The licensing agency can prove whether or not the requirement is met, in legal terms. It can remove a license for cause if an operator is not willing to comply.

Of course, the licensing requirements themselves do not define or guarantee quality, not even good-enough quality; they simply correlate with quality. Ratios are not quality, but they do assure that there are not too many children for all to get adequate attention from a caregiver. Training is not quality, but it is known to improve quality.

There is a strong view among policymakers and researchers that inputs alone are not adequate for public policy; we need to measure the effects of these inputs. During the decade ahead we will need to define the outcomes—or outputs—of licensing; we will need to show removal of the risk of harm as an outcome of licensing.

The word *throughputs* in computer terminology refers to the processes that go on between what goes into a program and what comes out. These processes are what is happening—the activities, the caring relationships.

Accreditation focuses to a large extent on processes, interactions, relationships. Licensing cannot deal with this process-type standard as well as accreditation does, because licensing is so strong a public intervention that it is constrained to respect the rights of the licensees. A licensor cannot, in fairness, try to enforce a rule about relationships or caring, because the judgment about their presence or absence is much more difficult to measure and prove.

Our emphasis today is on outcomes. Under this value system, measured outcomes could one day take the place of all standards and regulation. However, we have not yet figured out how to measure well the outcomes of early childhood programs. It is too early to throw away the input and process standards until we can fully identify the outcomes we want and how to measure them.

Many of the really important outcomes of early childhood programs will not happen for 10 or 15 years or more, when we can know how children did in school, whether they attended college, how many of them stayed out of trouble with the law, how many had stable families and jobs. Because many outcomes relate to prevention of harm, we may have to wait some time to see if harm occurred.

One group of outcomes more easily measured sooner is the effects of early care and education on parents. For parents the outcomes are not in the distant future, they are now. Parents may become more skilled at parenting, earn more money, move to a safer neighborhood, put better food on their table, be better supported by a community network, become more effective citizens—all as a short-term effect.

The emphasis on outcomes as the only useful approach may be tempered over time. It is possible that the very processes that NAEYC is identifying in its accreditation are an end in themselves rather than a means to an outcome.

Parents are not interested in factors that correlate with quality. They are looking directly for quality. Quality of life for a child may come to be valued in its own right as a goal. Current policy climate does not support such a conclusion, but it is worth holding for the future. The process-oriented focus of accreditation may temper over-emphasis on inputs and outcomes. In the end all three are important.

Some of the problems with standards

Just as standards can help to upgrade quality, they bring risks and issues of their own. Several are considered here.

Do standards inhibit quality? At the same time that the early childhood field has vigorously pursued quality through standards, the field of public education has focused on the adverse effects of rules and bureaucratic red tape. When inner-city schools become known for achieving strong outcomes, it appears in every case that someone was permitted to break out of the rules and procedures currently viewed as strangling the possibility of excellence. Solutions that are proposed include school-based management, charter schools, and other means to restore some autonomy at schools for the individual pursuit of excellence.

Some of that negative view of regulation makes dialogue very difficult between the school reformer trying to break the control of rules and the early care and education reformer who pins his or her hopes on standards. Of course, they are not talking about the same thing. The school reformer is trying to reduce the procedural rules that inhibit the autonomy of the decisionmaking at the school. In licensing there are many similar procedural rules also in need of reform. However, licensing is a consumer-protection program, not a publicly managed system. The rules that need to be preserved from the antiregulatory movement are those designed for prevention of harm to children.

Will policy support positive effects and quality without focus on the potential for harm? Licensing is written into laws on a rationale of harm prevention. However, licensing, like accreditation, also has positive effects on quality beyond the level of good-enough quality. Research indicates that licensing rules and their enforcement, taken as a whole, have had a positive effect on child outcomes. It remains uncertain whether the policymakers will retain their support for licensing in response to data on positive outcomes without strong arguments for harm prevention. But on the continuum from *harmful* to *good enough* to *good* to *excellent*, licensing has not only prevented harm, it has had positive effects on children.

We need to study the effects of accreditation as well. Overall, outcomes from the strategy might be that accredited programs are good rather than just good enough, and some of them are pursuing excellence. Those overall effects can be measured, and they have been for licensing. In any individual case, however, it is important to remember that a program can meet all the licensing standards and all the accreditation standards and still be very low in quality. Standards alone are not enough. We cannot put all of our quality eggs in the standards basket.

It is too early to throw away input and process standards until we can fully identify the outcomes we want and how to measure them.

How flexible can accreditation be about ratios? An issue for accreditation is whether a program can achieve the *good* level of quality while not meeting NAEYC accreditation standards. Since accreditation focuses on processes and not on inputs, in theory it can accredit programs that are good even if they do not meet concrete standards, such as ratios. However, the rationale for adopting ratios has been that they are necessary to quality, that is, that a program cannot be good if its ratios are too high. If a program can be good without meeting the ratio standards, this raises the question of whether the standard is necessary.

Ratios are an input standard important to licensing because they correlate with harm prevention. Research findings strongly make this correlation. This area needs more study of trade-offs to determine whether more highly trained staff, for example, could care for substantially more children.

In the meantime, perhaps NAEYC should consider broadening its range of permissible ratios. Rather than setting a range of ratios and then accrediting centers that fall completely outside the range, it would make sense to permit a wider range of ratios. Accrediting centers with higher child-to-staff ratios is possible only in states that permit these higher ratios. To do otherwise might undermine licensing in the states with higher requirements.

Reduction of discretion

The '70s and '80s saw an effort to reduce the discretion of licensors by writing very concretely detailed rules (Davis 1969). Now this effort may be on the verge of changing directions. Today's criticisms of licensing often include recommendations for more discretion by licensors (Howard 1994). If

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that comes about, then we will need to take another look at the training and qualifications of licensors.

In accreditation the emphasis has been on the processes, and a system has been designed that reduces the discretion of the validators whose role is simply determining whether the applicant has supplied accurate information. Here, too, in a new climate of opinion, we might reexamine the issue of discretion. However, as it is with licensing, the system has been designed to reduce discretion for good reason. Licensors must protect the rights of citizens to be dealt with fairly and must avoid making the state liable to lawsuits. These legal issues create strong pressures to compromise. Particularly in states where the citizens have not set a line of demand for good-enough quality that can prevent harm, there will be legally operating programs that are borderline, not bad enough to close down right away, but creating some risk of harm to children. If a child is hurt, the state could be sued; however, the licensors have difficulties building a case for action in these borderline centers.

NAEYC faces serious liability problems, too, if it takes a negative action. It might seem simple for NAEYC to defer accreditation of a licensed program since accreditation criteria are quite different from licensing standards. Such a deferral, however, is not without adverse consequences for programs. For example, a program may be the first in a geographic area to aspire to becoming accredited, and its strong community reputation will be impaired by deferral.

NAEYC faces some risk of liability when it refuses to accredit a program and other risks of liability if it accredits it. The risk and negative feeling resulting from refusal to accredit come from the loss of status and reputation that a deferral might cause. For example, suppose a program accredited in the past and well known in the community moves to a new location and, therefore, must apply for reaccreditation. If NAEYC defers accreditation of the program because of shortcomings in the new facility, the loss of status and reputation may precipitate legal action. Providers' rights make it hard for NAEYC to refuse accreditation. On the other hand, granting accreditation in shaky cases, particularly in states where licensing is weak, means that NAEYC may face liability if a child is hurt in the program. Parents who may have chosen the program for the extra safety they thought accreditation would bring, may hold NAEYC accountable.

A lot of national strategies are linked to the assumption that NAEYC can maintain its standards. Corporations are requiring that centers be accredited to receive corporate dollars; some states are paying a higher rate for accredited programs. If NAEYC accredits *good-enough* quality centers in some geographic areas because there are none at the *good* level applying, then accreditation fails to help move centers to good quality, and the field of practice will not improve to the point at which licensing rules can be raised.

As NAEYC turns the corner to an era in which child care centers finally understand the importance of accreditation and seek accreditation in greater numbers, these issues will become acute. At the same time, a greatly increased volume of accreditation will put strain on the feasibility of the system itself.

Both licensing and accreditation are imperfect processes. Both face serious complaint issues. Both need support from the early care and education field. Furthermore, we need an overall quality strategy, or set of strategies, that views these two important efforts in some coherent relation to one another and to the effort to improve quality overall.

This is a good time to think about how to build a system in which licensing and accreditation support one another even more than they have in the past and how the field as a whole can better understand the way in which the two systems of standards complement one another in the interest of quality.

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Barbara Reisman

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What Do Parents Want? Can We Create Consumer Demand for Accredited Child Care Programs?

Since 1985, when NAEYC launched a voluntary accreditation system, 4,527 programs, out of approximately 80,000 early childhood programs total nationwide, have been accredited by the National Academy of Early Childhood Programs. NAEYC established the Academy to administer the system. Another 8,731 programs are in the process of working toward accreditation. The standards that programs have to meet to become accredited (NAEYC 1991) have become benchmarks for the early childhood field and have influenced licensing regulations in some states. There is some research to show that accredited programs provide better quality care and education and that the process itself results in improvements in programs that undertake it.

However, the quality of child care overall remains a significant problem (Whitebook, Howes & Phillips 1989; Whitebook, Phillips, & Howes 1992; Galinsky et al. 1994; Cost, Quality, & Outcomes Team 1995). These studies have found that good-quality child care—that which supports a child's health and social and cognitive development—is being provided in only about 15% of all child care programs, both in child care centers and in family child care homes. In the majority of programs, quality was observed to be barely adequate; that is, children's basic health and safety needs were met, but children received only a little warmth from adults and few learning experiences. Poor quality was particularly prevalent in centers serving infants and toddlers. However, the Cost, Quality, and Child Outcomes Study, which measured quality in 400 centers in four states, found that "accredited centers, those that voluntarily meet a higher set of standards specified by an outside organization, have higher quality than do nonaccredited centers" (Cost, Quality, & Outcomes Team 1995, 4).

These same studies, and others, have also found large discrepancies between the evaluations by professional observers of quality in child care centers and what parents themselves say about their child's own arrangement. For example, "Ninety percent of parents rate programs as very good, while the ratings of trained observers indicate that most of these same programs are providing care that ranges from poor to mediocre" (Cost, Quality, & Outcomes Team 1995, 9).

Parents are looking for people who will pay attention to their child, treat their child as special, and respond in much the same way that they would to the child's need for warmth, attention, and discipline.

NAEYC believes that "parents' perceptions about quality and their knowledge of accreditation as a tool to assist them in choosing child care are inadequate to create a national market for high-quality, accredited programs" (Bredekamp 1995). The Cost, Quality, and Child Outcomes Study was the first econometric as well as psychometric analysis of child care. Researchers found that the market for child care is imperfect; that is, buyers do not have full information that enables them easily to distinguish high (good), mediocre, and poor quality in centers (Cost, Quality, & Outcomes Team 1995). Parent choice (or effective demand) is also constrained by the price of care that represents a significant portion of families' disposable income, the fact that parent fees are the primary source of revenue for most centers, and by the hours and location of centers.

Although the child care market may function imperfectly, child care is currently viewed as essentially a private, fee-for-service consumer good. Parents' use of it is viewed as voluntary, though for many families it is an economic necessity. The limited research that has been done on public attitudes toward child care reflects the view that it is primarily a service enabling parents to work rather than an educational or developmental environment for children (CCMC 1994).

There are many providers of care, and it is relatively easy for new providers to enter the market. Most parents pay for child care, although a significant portion are able to arrange for care—primarily from family members—for which they do not pay.

Can we increase parent demand for better quality by increasing their awareness of accreditation, and specifically NAEYC accreditation? This discussion attempts to respond to that question—describing the criteria and process that parents currently use to choose child care, comparing and contrasting parents' definitions of quality with the definitions that professionals use, describing consumer awareness efforts that are currently underway, and suggesting some strategies for increasing parent awareness of the importance of good quality and the value of accreditation, specifically NAEYC accreditation. *Demand* has two meanings in this discussion. The first is the selection or choice of one product or service over another. Demand also has an advocacy application: parents can demand greater public and private investment in child care because of its value to communities and to employers.

In collaborative efforts in Child Care Aware—a national consumer education campaign targeted to first-time parents—and in leadership of the Media Strategies Group on Early Care and Education, the Child Care Action Campaign (CCAC) has made extensive efforts to learn about parents' perceptions and priorities in choosing child care. Among the activities have been focus groups, interviews, and reviews of the literature on parents' views. The experience of these efforts, plus numerous conversations with resource-and-referral counselors and other professionals, is the basis for my comments here.

"It looked like a day care; I liked what I saw; and I felt comfortable with it"

Three fundamental considerations affect parents' choice of child care arrangements: their perception of the quality of the arrangement, whether or not they can afford to pay the fee that is charged, and whether the location and hours fit their needs. The first of these considerations is subjective; parents evaluate quality based primarily on what they observe and how it fits with their expectations and values. For the most part, they learn what to look for from talking to friends, relatives, and coworkers; from reading newspapers, magazines, and books about child care; and, in some cases, from resource-and-referral agencies (R&Rs). Parents decide what they can afford, based on a weighing of personal and family considerations. The absolute amount that parents pay for child care varies very little, but low-income parents pay a much larger share of their total income than do higher-income families. According to The National Child Care Survey, families earning under $15,000 per

year pay an average of 23% of their total income for child care; families earning over $50,000 per year pay approximately 6% of their gross income (Hofferth et al. 1990).

Parents consider the choice of child care arrangements to be a serious one. They say that they value very highly the quality of the program. What do they mean by quality? The parents' answers vary, depending more upon the age of the child and less on the ethnicity, educational background, or income of the parent. "It is primarily through the images of children's daily experiences that parents approach the question of child care quality" (Larner 1994, 6). First, parents are looking for safety—a place where their child will be protected from harm. Second, parents are looking for people who will pay attention to their child, treat their child as special, and respond in much the same way that they would to the child's need for warmth, attention, and discipline. Third, as the child gets older, parents are looking for more-structured learning environments. They are looking for how the caregiver will respond to their own child, trying to decide whether they and their child will feel comfortable with the people and the place.

Professionals often describe child care quality in terms of inputs: staff-child ratios, compensation and training of caregivers, and adequate space. They also observe the interaction between caregivers and children to assess quality, and they label these as "process indicators." Professionals, like parents, evaluate child care programs in terms of how well they provide a safe, nurturing environment and an interesting experience for children. But when it comes to setting standards, to making rules, professionals, by necessity, look to "regulatable features of quality like ratios and group sizes"; they recognize that these factors "create the conditions needed to support quality, but they are not sufficient to ensure that children will have positive daily experience" (Larner 1994, 6).

"You can't teach someone to love children"

Parents may be looking for the same behavior that professionals have found that contribute to good outcomes for children, but they use different language to describe it. The professional descriptions of quality that parents hear sound cold in a situation where they are looking for warmth and responsiveness and feeling extremely vulnerable and unsupported.

Parents are put off by the notion that special training is an indicator of quality. They say that you can't teach someone to love children. Parents often describe quality child care as "good parenting," as a "home away from home." They are looking for somebody like them, somebody who would care for their children as they would. This is especially true for their infants and toddlers. Some parents feel threatened by the notion that training is a necessary component of good-quality child care, because they are not trained or licensed to be parents. "Parents are looking for [the] qualities in providers that [have been shown to] result from training and licensing—patience, nurturing, a high level of interaction, individualized attention, and making learning fun—but they do not see the connection between these traits and provider training" (EDK Associates 1992, 9). Training and licensing are "cold" concepts; parents are seeking warmth and nurturing for their child.

Parents in an eight-city study (EDK Associates 1992) participated in a number of focus groups on choosing quality child care and said they would not be willing to pay more for a trained provider. However, they did become more positive about the value of training when they learned that it stressed the stages of child development, focused on ways to provide individualized attention, and educated providers about handling discipline as well as spotting learning disabilities and childhood illnesses. Parents tended to view training as more important for caregivers working with older (3- and 4-year-old) children. A middle-income Latina mother in Alameda, California, with two children ages 5 and 2—the youngest in a family child care home full time—commented,

> If it's a little baby, I don't care if they have a degree in something. If they're going to hold that child and love it and nurture it, then that is good enough for me. But, on the other hand, if I have a 3- or 4-year old, then I want to know what kind of activities they're going to be doing. (EDK Associates 1992, 5)

Since parents are looking for the one arrangement that best serves their child's needs and fits within their family's requirements in terms of cost, location, and hours, and often are feeling vulnerable and unsupported as they go about the task of finding care, they frequently pick the first acceptable

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arrangement. Some qualitative studies have indicated that parents, while they do not believe a state license necessarily conveys any assurance of safety or good quality, would welcome a seal of approval from a source they trust. In one series of parent focus groups, the trusted source most frequently mentioned was *Parents Magazine* (EDK Associates 1992). Apparently, parents would welcome what they perceive to be an independent evaluation of a program from a source having expertise in evaluating and approving other consumer products and being willing to offer some assurance or guarantee to back up its seal of approval.

"I went to every female at work and asked"

Parents get most of their information about child care programs from informal sources—family, neighbors, friends, and coworkers. For advice about specific child care programs, parents rely on word of mouth, personal recommendations, and the experiences of other people they know. The National Child Care Survey indicated that 66% of parents who arranged child care outside the family relied on informal sources of information about child care, 13% used advertisements, and 9% turned to resource-and-referral agencies (Hofferth et al. 1991). This national pattern was similar to the behavior of parents in south Chicago, Camden, and Newark, three low-income communities (Kisker et al. 1989). Half of these parents who found nonrelative care learned about the program or individual caregiver from family members or friends. Fewer than one in four turned to formal sources of information, including social service or resource-and-referral agencies.

Thus, the challenge of promoting accreditation to parent consumers is a daunting one. Parents rely on informal sources for information, are put off by professional terminology, and don't see a connection between training or regulation and the kind of child care they want for their child. There are, however, a number of promising approaches that can be taken to improve consumer knowledge of the importance of good-quality care and to encourage parents to demand (in both the economic and the public policy sense) better quality and choose NAEYC-accredited child care. Some of these approaches have begun to be tested in other consumer-awareness campaigns, particularly in the Child Care Aware campaign that NAEYC, the National Association of Child Care Resource and Referral Agencies, the National Association for Family Child Care, and the Child Care Action Campaign worked to develop in collaboration with the Dayton Hudson Foundation and the Dayton Hudson retail stores.

What is required is a clear and consistent message, delivered in language that resonates with parents (the target audience), that is conveyed by a diverse and respected set of messengers, and that provides the target audience with a clear and feasible course of action. Such a campaign also requires adequate resources to sustain and continue it.

Building support for NAEYC accreditation—creating a critical mass

When NAEYC launched its accreditation system, it adopted creating a critical mass of accredited centers as its first priority. This strategy was predicated on the quite-reasonable presumptions that NAEYC accreditation could not be promoted to consumers until such a critical mass existed, that the child care community itself needed experience with the accreditation process, and that evaluation of accreditation and its impact on quality was a precursor to consumer acceptance.

NAEYC has promoted accreditation within the early childhood field and to corporations and foundations with a commitment to improving the quality of early care and education. The American Business Collaboration for Quality Dependent Care, DuPont, IBM, AT&T, and other corporations have invested in the accreditation process by offering to help pay the accreditation costs for programs committed to becoming accredited.

To date, very little effort has been made by NAEYC to promote its accreditation directly to parents. The centers that have achieved NAEYC accreditation may use the accreditation system Torch logo on their brochures and other materials to indicate they have received NAEYC accreditation. NAEYC also offers copies of the *Congratulations Parents* brochure about accreditation to NAEYC-accredited programs to distribute to parents. The brochure defines accreditation as follows:

> Early childhood programs accredited by the National Academy of Early Childhood Programs have voluntarily undergone a comprehensive process of internal

self-study, invited external professional review to verify compliance with the Academy's Criteria for High Quality Early Childhood Programs and have been found to be in substantial compliance with the Criteria. A copy of the Criteria may be obtained from the Academy. . . . The Academy/NAEYC is not connected with and is not responsible for the administration, acts, personnel, property, or practices of accredited centers. (National Academy 1991)

This is hardly a reassuring statement for potential consumers, nor is it expressed in parent-friendly language! The statement does not explain in any way the connection of the National Academy of Early Childhood Programs to the larger, and presumably better known, parent organization, the National Association for the Education of Young Children. It is clearly a statement designed to limit the legal liability of the accrediting organization while also indicating that the program has met some set of professionally determined standards.

Most of the knowledge about NAEYC accreditation is held by child care professionals, national and state child care organizations, resource-and-referral agencies, foundations and family-friendly employers. All of these are potential sources of information for parents who are engaged in a search for child care. Among these, only R&Rs have as their primary mission the explicit goal of providing one-on-one advice and counseling to parents looking for child care. R&Rs may tell parents that program accreditation is an indicator of higher quality, but they, too, are constrained by liability considerations from recommending one program over another. They may, similarly, be constrained from recommending one source of accreditation over another. NAEYC is not the only source of accreditation for child care programs. In fact, the growth of NAEYC accreditation has led to competition from other accrediting agencies, and more agencies are in the works.

Creating a public-awareness campaign for NAEYC-accredited programs—not a modest proposal

The key elements of a successful public-awareness campaign are a policy agreement, a cogent and accessible message appropriate for the target audience, a diverse and respected group of messengers, and clearly articulated action steps.

Policy agreement

NAEYC's overall goal in developing its accreditation system was to improve the quality of early care and education. The Association believes that accreditation, specifically NAEYC accreditation, is a productive route toward that goal. Therefore, the Association wants more programs to become accredited, and it wants parents to choose NAEYC-accredited programs over other programs, whether nonaccredited or accredited by other organizations.

A secondary, but important, goal of this effort is to have parents *value* NAEYC-accredited programs more highly than other programs. In economic terms the value that a consumer places on goods is measured by the price she or he is willing to pay. Would a significant proportion of parents be willing to pay more for NAEYC-accredited programs than for nonaccredited programs? Are they able to pay more? Without such willingness, what is the incentive for the program to pursue accreditation, which will inevitably raise the cost of providing care? Are there other ways to measure the value parents place on child care besides their readiness to pay a higher price for it?

Some parents can clearly pay more for child care, and some even say that they would be willing to do so (e.g., Galinsky et al. 1994). More research needs to be done on what constitutes affordability, but, using 10% of gross family income as a rough guide, most low- and moderate-income families are already spending as much as they can afford. Value may also be measured by other investments parents are willing to make in child care, as volunteers in the program or in the program's process of achieving NAEYC accreditation. NAEYC needs to be clear about its objectives for a consumer-awareness campaign before it decides to undertake one.

The message

In many of its public pronouncements, NAEYC describes the value of accreditation, without specific mention of NAEYC accreditation. Is all accreditation equal? Rather than generally promoting accreditation, the Association should consider specifically promoting NAEYC accreditation. The Association should also consider focusing public attention on choosing NAEYC-accredited centers.

As a professional association of early childhood educators with 94,000 members devoted to children and families and committed to good-quality child care, NAEYC has established a careful and deliberate process for child care programs to engage in that enables them to improve their programs and assure parents that professionally recognized standards and practices are met. Accreditation itself means very little; it is NAEYC accreditation that the Association has developed, tested, and firmly established. For the message to be clear, every reference to accreditation must be prefixed with NAEYC.

Because the National Academy of Early Childhood Programs is the accrediting body of NAEYC accreditation programs, it can be confusing. NAEYC has more name recognition than the Academy, though NAEYC's recognition needs to be enhanced for the target audience of parents. It is important for parents to recognize and value the NAEYC name and reputation because research documents that parents said they would value a seal of approval from a source they could trust (they had named *Parents Magazine*). Also, it must be made clear that NAEYC does not profit financially from its accreditation program.

For NAEYC accreditation to be meaningful for parents, accreditation must be translated into a seal of approval that stands for quality in the eyes of parents. Parents need to know that accreditation translates into behaviors that they can observe and with which they feel comfortable. For instance, what will I, as a parent, see in an NAEYC-accredited program that is different from what I will observe in other child care programs in my community? I want to know that NAEYC accreditation will make a difference for my child. Will my child be safer, happier, smarter? Will her teacher be more likely to understand her particular needs and respond to them? Will the teacher or caregiver be more likely to get down on the floor to play with her or to encourage her to explore the science corner, build with blocks, paint pictures? Is her teacher more likely to read to her? Is the room my child will be in likely to be safer?

To stand behind NAEYC-accredited centers, NAEYC and the Academy will need to ensure that the organization's credibility and objectivity are maintained. They also will need to resolve the issues of consistency across states and the questions on the role of volunteer validators.

What will I, as a parent, see in an NAEYC-accredited program that is different from what I will observe in other child care programs in my community?

Finally, if the program is NAEYC accredited, will it cost more? If so, is the price difference worth it, and can I, as a parent, afford it? If I can't, can I get help in paying for the NAEYC-accredited program?

Once a message is developed, it needs to be tested with its target audience. How do parents respond to the message, to the language?

The messengers

Parents turn to family, friends, and coworkers for information about child care and want to be reassured by the people they know that their choices are good ones. It is important to reach a culturally diverse public when disseminating the message of quality child care. It is also important to engage them as messengers to parents in their community. Parents also turn to print and broadcast media for information. Newspapers, television, and magazines can be important, and often free, sources of support in a public awareness campaign. The number of print articles about child care has actually increased during the past several years. Many pieces are in a news-you-can-use format, providing advice to consumers about choosing good quality care. This medium provides an ideal opportunity for NAEYC in disseminating its message about quality and the value of NAEYC accreditation. Using individuals of the local community, including child care providers and NAEYC members, helps bring the message to the target audience in a friendly, compelling way. Some community leaders received media training in conjunction with NAEYC's participation in the Media Strategies Group for Early Care and Education.

NAEYC can target the growing number of parent-focused community newspapers that continually print consumer-oriented stories about early care and education. Resource-and-referral agencies should be both a primary target and a key means of disseminating the message about NAEYC ac-

creditation and its contribution to good-quality care. NAEYC can also work with other community-based organizations, such as Kiwanis, the Junior League, and the National Council of Jewish Women, to promote the growth of NAEYC accreditation and public awareness of it.

Strategies and resources

What would a full-scale public-awareness campaign cost? In 1991 the Dayton Hudson Foundation and its retail stores (Mervyn's, Dayton's, Target, and Marshall Field's) undertook a consumer-awareness campaign, as part of a Family-to-Family program, to help first-time users of child care look for good-quality care. A secondary goal was to encourage parents to choose family child care providers who had participated in training through the Family-to-Family program. The foundation and the stores contributed more than $3 million in cash to the campaign, plus an unquantifiable amount of in-kind donations, including space in the stores, public service announcements, and donated space on advertising circulars. The campaign focused on the communities in which Family-to-Family projects were underway and also in the 33 states where the company operates.

KinderCare, which operates 1,100 centers in 38 states, has launched a national advertising campaign to convey the idea that child care "is not just baby-sitting, it's education, plus all-day care" and to convince parents that KinderCare Learning Centers are the best place to find such education and care (Ramirez 1995). The corporation has budgeted $10 million for advertising for the first year of the campaign, which includes a combination of television commercials, primarily on cable networks, and print ads in magazines, such as *Good Housekeeping* and *Working Mother*.

Were NAEYC to undertake a traditional public-awareness campaign, we can assume that it would have to allocate resources of this magnitude. Or,

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for example, NAEYC might consider becoming a partner with a commercial entity, willing to trade support for the campaign for sponsorship of its product. NAEYC might be able to get the Ad Council to back such a campaign. Even if that were to happen, NAEYC would still have to pay for the production and distribution costs of advertising, which would still require a substantial investment to reach a national audience. Assuming that such resources are not readily available, are there other alternatives?

First, involve parents in the NAEYC accreditation process. Parents must be involved in the process as it currently exists; however, this participation could be expanded by encouraging parents to initiate the process in their children's center, as at least one accreditation support initiative does. The Family Care Development Fund, a joint project of AT&T, the Communications Workers of America, and the International Brotherhood of Electrical Workers, will pay accreditation fees for any early childhood program serving one or more of their employees, but the parent must initiate the accreditation process (Bredekamp 1996). In this way, rather than only encouraging parents to choose a center or program that is already accredited, NAEYC would encourage parents to participate in the process of improving the center they have already chosen. This would have the advantage of encouraging parental involvement, thus leading to higher quality, expanding the universe of accredited programs, and building partnerships between parents and child care providers. It also gives parents an alternative way to value their child's care more highly; they would be investing their time at the outset, instead of more money. Ideally, as part of the process, parents would come to a more sophisticated understanding of the economics of child care, which might lead them to be willing either to pay a higher price for services or to advocate for more public and private investment in early care and education.

This strategy would require NAEYC to develop a tool kit for parents to help them get the accreditation process underway in their chosen child care program. It would have to be parent-friendly, free of professional jargon, and targeted toward helping parents understand how their child benefits from NAEYC accreditation. The kit could be distributed by local NAEYC Affiliate Groups, through resource-and-referral agencies, and by community organizations.

Encouraging parents to initiate the accreditation process in their children's center not only would expand the universe of accredited programs but also would increase parent involvement and foster partnerships between parents and child care providers.

Second, NAEYC can better use free media and volunteer resources, including its local networks of Affiliate Groups. Child care choices are very localized, community based. Efforts to improve care, likewise, are also most effective when they have a high level of local, grassroots participation. Local media are often very interested in community-based efforts, especially on behalf of children and families. They are often willing to participate in ongoing campaigns.

NAEYC can develop a model local campaign for use by its Affiliates, which would include guidelines for engaging local TV, radio, and print media in the campaign. It can partner with local parent-oriented media. In many communities there are weekly or monthly newspapers or newsletters that are specifically targeted to parents of young children. Local Affiliates can offer to contribute a monthly column on child care quality. This column could feature local programs that are undertaking NAEYC accreditation. Or the paper could sponsor an accreditation campaign with a goal of encouraging a targeted percentage of local programs to seek and achieve accreditation. From its advertisers, the paper could offer incentives for child care programs that participate in the campaign. The programs, presumably, would be willing to promote those advertisers in their child care centers.

Finally, NAEYC can promote its accreditation nationally by including in its consumer-awareness efforts an emphasis on the link between higher-quality child care, better child outcomes, and NAEYC accreditation. NAEYC is a participant in many national collaborations. It can use these collaborations to disseminate information to other organizations about the benefits the entire child care community receives because of NAEYC accreditation.

Conclusion

Increasing parent demand for good-quality child care is not an easy undertaking; nor is it the only strategy that NAEYC can pursue to increase the number of NAEYC-accredited programs and the value the public attributes to them. NAEYC accreditation has been an important management tool for programs that have received or worked toward accreditation. The benchmarks that the process outlines have been used to influence state licensing and regulatory decisions.

If NAEYC decides to undertake a consumer-awareness campaign it can maximize its campaign results by using its local Affiliates, working to link its campaign to the other public- and consumer-awareness campaigns already underway (many of which NAEYC has participated in developing), and building alliances with other community-based organizations.

An effective public-awareness campaign will require NAEYC to develop a clear message consistent with its policy objectives, to define and focus on a target audience, to involve a diverse and respected group of messengers, to articulate action steps that the target audience can undertake, and to invest adequate resources. Such a campaign could have a significant impact, not only on parents' abilities to make more informed decisions about the child care they choose, but also on public understanding of the importance and value of good-quality early care and education.

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14

Creating a Market for Quality through NAEYC Accreditation

Early care and education (ECE) is a service, produced both as an unpaid household task by the family and as a paid task of a variety of persons working through other institutions. These other institutions include government, churches and other private nonprofit organizations, and private enterprise. The shift from family-based care to other forms of ECE in the last several decades has been revolutionary in its speed and potential consequences for children. However, this revolution seems far from over, and it remains unclear what kinds of new institutional arrangements for ECE will replace the old. In this period of change, NAEYC may have an unusually strong opportunity to influence private beliefs and public policy to shape the new institutional arrangements that will emerge in the next decades.

The transformation of ECE in the last 30 years has been well documented. Prior to 1960 few children under age 5 attended educational programs, and it was rare for them to be cared for outside the home for more than a few hours per day. By 1990 most children under 5 received a significant amount of nonparental ECE, and 70% of all children attended a formal preschool or child care program prior to entering kindergarten (West et al. 1991). These changes in ECE reflect major shifts in the types of ECE sought by parents and primarily are driven by fundamental changes in the demand for both of the primary services provided jointly by ECE—custodial care and education. One change is an increased demand for nonparental supervision of the child, so that the mother (and father, when present) can engage in paid employment away from the home. The other change is an increased demand for education by a professional teacher in a group setting.

Growth in the demand for nonparental ECE as custodial care is based on increases in the number of mothers who are employed outside the home, which seem likely to continue. Increased maternal employment has been produced by trends in family behavior and structure (e.g., decreased fertility and increased divorce), longevity, wages and benefits, social norms for income and consumption, and social attitudes regarding women's roles, status, and work. These trends continue to favor increased women's labor force participation, and changes in public policy seem likely to shift incentives in that direction as well (e.g., welfare reform that emphasizes employment). Single parents lack desirable options other

than full-time employment. Two-parent families have more flexibility but find that the cost of staying home is quite high. For example, a woman leaving full-time employment at the median wage gives up over $20,000 in earnings and fringe benefits annually and can expect her earnings to be lower when she returns to work because of time out from the labor force. Although taxes and work-related expenses reduce the net financial gain from employment, work also provides substantial intrinsic rewards, such as status, increased power within the family, and an important locus of social activities.

The demand for educational early childhood programs seems likely to continue to increase as well. This increase in demand has been stimulated by five long-term social trends: (1) rising family incomes; (2) the increasing importance of education for a child's future economic success; (3) the greater cost-effectiveness, in today's economy, of having fewer children and investing more per child; (4) an increased need for peer experiences and socialization in safe and nurturing environments outside the home, as the number of siblings and opportunities for such peer interactions in the neighborhood and community decline; and (5) increased information about the contribution of education for young children to their long-term cognitive and social development. Although the primary focus to date has been on the education of children ages 3 and 4, this emphasis will shift down the age span as preschool education for 3- and 4-year-olds becomes normative and new research on education and the development of infants and toddlers is generated and disseminated.

As the demand for nonparental ECE increases, people will be searching for new institutional arrangements to provide this ECE. Old patterns of belief and behavior will be abandoned, new beliefs and attitudes will emerge, and new social norms and public policies will be developed. Society has not yet experienced a hardening of personal and political stances, so NAEYC may be able to influence private and public views as well as the institutional arrangements for the care and education of children under 5. To understand how NAEYC might approach this task, it is useful to have some basic information about the current structure of the ECE market.

Market structure

On the demand side of the market, the family is the primary force. Families control the vast majority of the resources devoted to ECE and make most of the choices about the quality and quantity of ECE children will receive. Choice of ECE arrangements depends on the number and age of children, number of adults in the home and their potential earnings, income and subsidies available to the family, prices of each type of ECE arrangement, and values and beliefs (with respect to maternal employment, child well-being and development, and the effects of various ECE arrangements on child well-being and development). For a substantial part of the market, family incomes are an important limitation on potential private demand for ECE. Low-income families who purchase child care spend about a quarter of their income on child care, and the costs of even high-quality part-day programs are a substantial percentage of the average income (Willer et al. 1991). Public subsidies are an important source of increased affordability for ECE, amounting to about $10 billion (roughly $500 for every child under age 5), when all subsidies and expenditures on direct provision are included (Barnett 1993a).

On the supply side, families are major providers of ECE. Parental ECE, other relative care, and family child care homes are all important sources of supply. All levels of government, churches and other nonprofit organizations, and private enterprise (for-profits) are important providers. Government, nonprofits, and for-profits all have substantial shares of the center-based portion of the market. The market share of centers has been expanding for decades and should continue to expand, most probably due to their perceived advantages with respect to quality of education and the growing disadvantages of some of the alternatives—more rapidly rising costs of in-home care and declining availability of relative care (Willer et al. 1991). Although some for-profits operate as chains, they have a relatively small part of the market. Public regulation is quite limited, and, at most, has small effects on the market. The diversity of sources of supply, low costs of entry to the market, and the very small scale of most operations ensures that providers face substantial actual and potential competition in satisfying consumers.

In the presence of a competitive market structure, a case can be made that children and their families would be best served by a policy of minimal public interference and support for a vibrant free market. In a well-functioning market, families would receive the mix of services they most preferred, given their incomes, and price increases would be constrained compared to less-competitive situations. However, there are several reasons to believe that the ECE market may not function optimally and that intervention is required on behalf of young children. These reasons include the presence of externalities, failures of altruism, information problems, and inequities in access due to income inequality.

Externalities

Externalities occur when important costs or benefits of an economic decision are not borne or received by the decisionmaker. More specifically, an externality is an effect of an action by a consumer or producer that is not reflected in the economic marketplace so that private costs and benefits diverge from those of society as a whole. Environmental pollution is a common example. A factory that pollutes water in a local stream does not bear the cost of that pollution unless government intervenes. To the extent that parents actively choose ECE arrangements (and do not simply rely on tradition or social norms), they will do so based on their assessments of the costs and benefits to their members. If the consequences of their decisions are borne entirely (or nearly so) by the family, they will tend to make decisions that are optimal for society as a whole. However, if other people besides parents experience important consequences, both positive and negative, then parental decisions will not be optimal for society as a whole, and society may wish to influence those decisions.

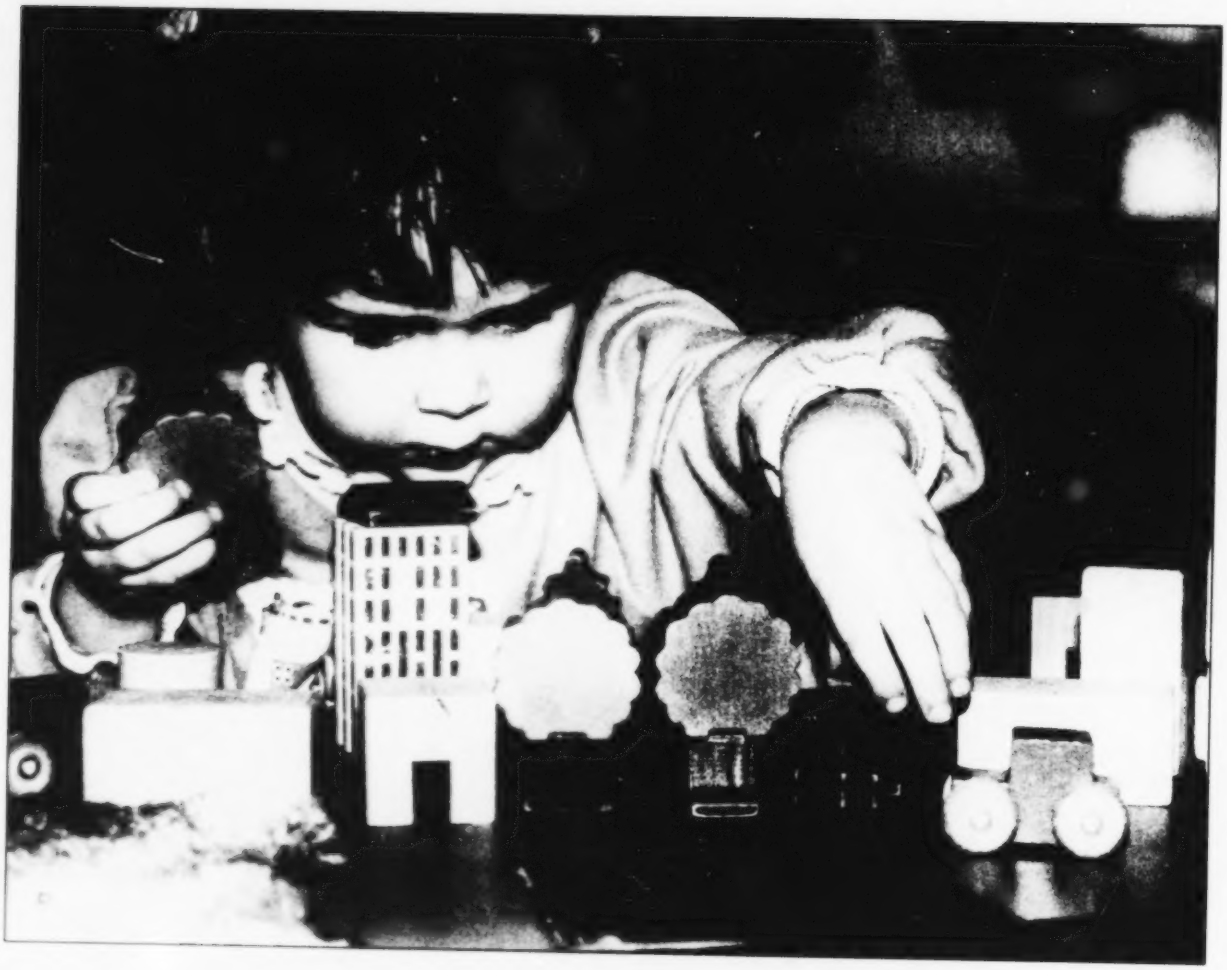
As ECE professionals are well aware, there is substantial evidence of large positive externalities, particularly for children in lower-income families. Longitudinal studies demonstrate that high-quality ECE for children of families that are poor can enhance their development in ways that produce substantial economic and social benefits for the rest of society (Barnett 1993a, 1995). The value of these benefits to society is estimated to be in the range of $75,000 to $100,000 per child. However, there is no reason to expect parents to consider these benefits to others in their decisions, and the cost of high-quality centers ($5,000 to $8,000 annually per child) is beyond the personal means of poor families. Less is known about the impact of ECE on children from higher-income families, but the externalities can be expected to decline gradually as family income rises. This suggests a public subsidy for ECE that declines with income in order to secure the public benefits.

When a child of a family that is poor receives high-quality early care and education, the value to society is estimated at $75,000 to $100,000.

Failures of altruism

Decisions about ECE are made for the child by parents. How well this works depends, in part, on the degree of *parental altruism*, which is the term economists use in considering how much a parent's happiness and well-being directly depend on the child's happiness and well-being. It also depends on the extent to which parents' interests coincide with those of their children, for example, if parents' financial security in old age depends on their children's economic success. Failure of altruism is a potential problem for all of the goods and services that parents provide for children (Becker 1981), but it is most serious when it affects those activities that are essential to the child's healthy growth and development. Clearly, ECE falls into this category.

Public policy in the United States tends to assume that parents act in the best interests of their children and that intervention is required only in rare occasions of abuse or gross neglect. Examples of interventions include the provision of protective services and foster care for some children. As an alternative, the government may set minimum standards for a service or choose to provide the service directly. Recently, historical research has challenged the assumption of altruistic parental behavior with respect to child labor and education in the 19th century (Parsons & Goldin 1989).



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Nevertheless, there are important reasons for believing that parents are reasonably altruistic and try to obtain the best ECE arrangements they can in terms of the child's needs and other needs of the family. Holloway and Fuller (1992) found that parents care a great deal about quality, respond to problems with ECE arrangements by changing them if income permits, and indicate that they would choose higher-quality arrangements if these were more affordable. Lower-income parents share the same kinds of concerns with quality as higher-income parents, though their choices are more limited by income (Porter 1991; Zinsser 1991; Holloway & Fuller 1992; Larner & Mitchell 1992). Parents assign higher priority to caregiver affective relationships with children, cost, and location than would some ECE experts, but (as will be seen later) parents may be behaving quite sensibly in this regard (Barnett 1992; Holloway & Fuller 1992; Larner & Mitchell 1992).

Concerns have arisen because parents have been found to spend little time searching for ECE and to rely heavily on informal sources of information (family and friends) about the quality of ECE (Grubb 1987; Hofferth et al. 1991; Holloway & Fuller 1992). However, these behaviors may not be cause for alarm. Formal sources of information, such as resource-and-referrals, may be inhibited in making statements about quality because of liability fears. Also, it seems likely that the precise dimensions of ECE quality that parents deem most important depend on the characteristics of the individual child. Consequently, informal sources may be better able to provide more relevant information because they know the parents and children involved. Finally, it may be that parents

obtain much of their information through direct experience with ECE programs—that is, trying out a given setting. Arrangements are fairly easy to change, so there is little cost to parents in switching if care isn't satisfactory. There may be no good substitutes for experience as a way for parents to assess quality.

Information problems

Parents and others can be expected to make good decisions about ECE only if they have good information. This includes accurate information about (a) the potential effects of ECE and the importance of variations in ECE quality for children's development generally and (b) the quality of the specific ECE arrangements from which parents are choosing and in which they place their children. Campaigns to educate the public can transmit the first type of information, though changes in beliefs and attitudes may result slowly. The second type of information is inherently difficult to obtain because children, not their parents, directly experience the aspects of quality that are most important for child development. Children cannot be relied upon to accurately report to their parents about quality. Obviously, the problem increases with young children and is greatest with infants, leaving the parent to rely solely on cues from the child's behavior. This requires the consumer to trust the provider and depend on relatively infrequent checks by direct observation or on indirect assessments of quality based on other characteristics of the ECE arrangement.

Difficulties in getting trustworthy information about early childhood programs is the major reason that many parents prefer to take care of their children themselves or entrust them to a relative, a close friend, or an institution that they know well, such as their church; this is especially true for the youngest children (see Hofferth et al. 1991). After all, parents are depending on the altruism of the provider to ensure quality, which also explains why they tend to emphasize the provider's warmth and caring in their choice of arrangement (Willer et al. 1991). Center-based programs are at a distinct disadvantage in this respect, especially those not sponsored by a religious or other nonprofit organization. One market response to this problem is the development of chains or franchises that establish a reputation for standardized levels of quality and provide greater assurance that children will not be placed at (immediate) risk, because an entire organization or network of providers bears the cost of legal judgments and a ruined reputation if quality falls too low.

Existing institutional arrangements may be fairly good at transmitting information about the immediate effects of ECE on the child's well-being and ensuring that children are physically safe and enjoy the activities (especially for older preschoolers). However, the transmission of information about the long-term consequences of ECE programs on children's development may be more problematic. To the extent that much later consequences are not easily discerned by parents from current observations of their children, the market is unlikely to value the elements of quality that are important for children's development long-term. Educating parents about the importance of quality for their children's long-term development would be effective in changing the market only if there were easily observable characteristics that were good predictors of quality. Unfortunately, the quality of ECE does not appear to be reducible to a few easily observable features (Phillips & Howes 1987).

Inequities in access

In a free market, inequalities in the distribution of parents' financial and human resources translate into inequalities in the distribution of goods and services that families produce or purchase, including transportation, clothing, housing, meals, leisure, health care, elementary and secondary education, higher education, and elder care, as well as ECE. Societies increase the access of the poor to virtually all of these goods and services by providing them with added income, subsidies, or free goods and services that are believed to be exceptionally important. In practice, special interest groups can make a case that virtually any type of service or goods is of great importance. Although children have many important and interrelated needs that must be met to support their growth and development, a strong case can be made that society as a whole would benefit from increased ECE subsidies for lower-income families. Partly, this case is based on evidence of benefits to the larger society, and partly on evidence of the benefits to poor children. Possibly the strongest

political argument here is that equitable distribution of ECE is essential to efforts to create equal opportunity for educational and economic success and the "level playing field" that is essential to the public's sense of what constitutes a fair society.

Because of public programs, the distribution of quality ECE is not as strongly determined by income as it would be otherwise but remains highly uneven. The percentage of children in center-based programs increases with income, and the relationship is especially strong for those whose mothers are not employed outside the home (Hofferth et al. 1991; Hofferth et al. 1994). At the lowest income levels, participation in early childhood programs is actually somewhat higher than it is at slightly higher income levels, largely because of government support. Among the income groups using centers, it seems likely that a similar pattern holds: quality rises with income but is higher at the low end of the income-distribution scale where government contributes the most resources. Distribution is likely to be the most unequal within the lowest income groups, in which some receive high-quality services at no cost and others receive no government assistance at all.

Concern for quality

Concerns about quality arise from several different sources. As explained above, there are strong theoretical reasons to expect that parents will demand less ECE than is socially desirable, in terms of both quantity and quality. Even casual observation is sufficient to determine that too few children from families who are poor and near poor are enrolled in ECE programs and many of their programs fall far below the quality of programs found to produce large, lasting benefits. Research on the quality of programs has generally found that most programs are of relatively low quality as judged by professionals, but parents rate the programs fairly highly and report high rates of satisfaction (Hofferth et al. 1991; Cost, Quality, & Outcomes Team 1995). It is difficult to judge how much of the difference in perception between parents and professionals is due to (1) parent satisfaction with lower levels of quality as defined by professionals, (2) parents having less accurate information about the level of quality in their child's ECE arrangement, or (3) parents repressing discomfort with a situation that they have limited ability or desire to change. Insights might be gained from comparisons of professional assessments of environments in children's homes and care centers. As noted, economic theory indicates that both the first and second reasons should be important.

Government's role in early childhood education

Government intervention in one form or another attempts to remedy the major problems that arise in the ECE market. Subsidies and direct provision of ECE increase the total demand for and improve the equity of the distribution of the quantity and quality of ECE. Public provision of preschool education and regulation of child care providers and private preschool programs seek to set a floor on quality so that parents do not place their children in programs that are harmful. However, such government efforts fall far short of their intended results. Moreover, government has created additional problems of coherence and instability in ECE arrangements of children because ECE policy consists of a large number of highly specific, fragmented, and competing programs targeting narrow populations (U.S. GAO 1989; Barnett 1993b).

The overall level of government funding for ECE is much too low to adequately serve the public interest (Barnett 1993b). At present, funding is too low to adequately serve even the entire population in poverty. Moreover, this limited public support is not focused entirely on the poor, nor is it distributed evenly. Some low-income families receive high-quality ECE services at no cost, while others receive nothing at all. At the same time, there is a tendency to spread the available resources too thinly. For example, financial support for Head Start is so low for the number of children served that it jeopardizes program quality and could significantly reduce its long-term benefits below what could be achieved (Robinson 1995). Another case in which low funding levels may have undesirable results is the meager per-child child care subsidy for low-income families; it is so low that some parents required to work by welfare-reform requirements could be compelled to place children in arrangements that actually cause more harm than good.

Federal regulation of ECE is one approach to increasing quality and consistency that has been sought by the early childhood field for many years. However, after decades of working for federal standards, Edward Zigler concluded that "it is unlikely that national standards will ever be enacted and enforced" (Zigler & Lang 1991, 73). Past efforts produced the Federal Interagency Day Care Regulations (FIDCRs), which were never fully enforced and were eventually eliminated (Phillips & Zigler 1987). Subsequent efforts to legislate comprehensive federal standards have failed for many of the same reasons the FIDCRs failed. The most powerful source of opposition to federal regulations may be state and local governments, reluctant to cede to the federal government any power with regard to regulation of publicly financed services (Wallis 1991).

State regulation of ECE is a much more attainable goal, but it seems likely to provide limited benefits. According to economic theory, the current types of state regulation would be expected to have only minor effects on the market, and available evidence suggests that this is the case. To a small degree, state standards may have reduced the supply of licensed services and produced higher prices, especially for center-based infant care (Rose-Ackerman 1983; Nelson 1988; Gormley 1991). Whether existing standards have the desired impact of increasing quality is more difficult to assess, because links between standards and quality are uncertain and because some families are likely to shift from licensed to unlicensed ECE with lower costs. There is evidence that programs *voluntarily* meeting standards tend to be of higher quality than those that do not, but it does not follow that those that comply with standards only because of regulation similarly increase their quality, especially with respect to those elements of quality that matter most for children's development (Nelson 1991; Barnett 1992; Howes, Phillips, & Whitebook 1992; Cohen & Spillane 1993).

Government has its own problems as guardian of ECE quality. Quality is no easier for government entities to assess than it is for parents. The costs of obtaining information on quality are high, so government relies on standards that are easily observed (though only weakly related to quality) and that do not vary with the individual needs of children, which they cannot know to the same extent as parents in any case. And, regulators receive much less information from parents about the effects of their activities on quality than do programs, and they have less incentive to respond. Regulatory agencies develop their own constituencies and internal goals and objectives that may be weakly linked to consumer interests so that they attend to neither cost nor quality in ways that benefit consumers (Wolf 1991). To the extent that licensing and regulation do not actually ensure quality, parents place children at greater risk if they rely on this government guarantee of quality and reduce their own efforts to become informed about the quality of their children's ECE.

Programs* voluntarily *meeting standards tend to be of higher quality than those that do not, but it does not follow that those that comply with standards only because of regulation similarly increase their quality.

To the extent that regulation restricts entry to the market and raises prices to produce program changes that parents do not value, these actions make parents worse off. Regulation might be justified if it produced improvements in quality that contributed to improved child development and benefited society at large. Yet, even if regulations were well designed, public regulation of ECE is unlikely to ensure that the desired level of quality prevails, because of the structure of the industry. The market consists of hundreds of thousands of small providers, most of whom are not now regulated, thus presenting a serious problem for cost-effective information collection and enforcement. For the infants and toddlers, many of these arrangements are informal and some of those that are now formal would simply go underground if they found regulation costly. Parents who did not see the value of the regulations would prefer the less-expensive, informal, underground providers. Many programs for 3- and 4-year-olds are funded by the government, which tends to exempt its own programs from state regulation, despite the high potential for government failure to maintain service quality and respond to the individual needs of the parent and children served (Wolf 1991).

Accreditation

During the 1980s the National Association for the Education of Young Children (NAEYC) developed standards for developmentally appropriate practice (Bredekamp 1987) and a voluntary national accreditation system (NAEYC 1984). The accreditation system is built on NAEYC's standards for practice and a national network of validators based in the early childhood profession, who visit centers to conduct observations of practice. Accreditation attempts to accomplish many of the same goals as government regulation and to provide consumers with what they need most—an easily identified indicator of quality—but it has a number of important advantages over government regulation. A private, national system of accreditation for all ECE programs sidesteps issues of federal and state control and of programmatic turf guarding (separate regulations for child care, preschool, and Head Start programs). Accreditation can address the aspects of quality that matter the most, in detail and with attention to complex interpersonal interactions that would be impossible to regulate. By relying on the self-education of providers, persuasion, and voluntary compliance rather than on bureaucratic compliance monitoring and compulsion, it avoids problems of blind adherence to formal rules and covert evasion of important standards of practice. Because NAEYC cannot compel participation, accreditation is in less danger of losing touch with the consumers and providers than is government regulation.

At present the accreditation system reaches only a small percentage of programs in centers, and these, in turn, are only a small piece of the total ECE picture, which includes family child care, care by relatives and friends, and other such arrangements. Nevertheless, accreditation has the potential to have a substantial impact on the quality of ECE. To do so it must be part of a larger, coherent strategy to improve ECE. The basic framework for this larger strategy is found in NAEYC's Full Cost of Quality campaign, which seeks to strengthen public support for increased public funding, improved staff qualifications, and increased compensation (Willer 1990a). All of these are needed to facilitate widespread attainment of NAEYC standards and accreditation. It is highly unlikely that a large percentage of the centers providing ECE can become accredited without substantial increases in cost and substantial improvements in staff qualifications.

A related NAEYC effort that can be seen as supporting this larger strategy is the development of a comprehensive and articulated professional development system (Bredekamp & Willer 1992). First steps in this effort include a 1991 joint statement on teacher certification by NAEYC and the Association of Teacher Educators (ATE) and the establishment of the National Institute for Early Childhood Professional Development. The Institute has proposed a "career lattice" specifying staff hierarchies with qualifications and responsibilities for each position in all types of programs. The Institute will attempt to specify a common core of knowledge that defines the profession and the levels of preparation and specialization required of each position. The professional development system's goals include improving and standardizing service quality, staff qualifications and responsibilities, and compensation (Bredekamp & Willer 1992).

As part of this broader strategy, accreditation can be seen as addressing the major components of the quality problem on several fronts. First, the public information campaign increases the public's awareness of the importance of quality ECE for young children and why this matters to everyone else, and it provides better information about the most important dimensions of quality and why they are difficult for parents to assess. Second, the campaign seeks to increase the public resources available to supplement private funding for ECE. Third, accreditation provides parents and others with an easily observed indicator of quality. Fourth, the professional development efforts increase the ability of the ECE system to supply the desired level of quality.

If NAEYC succeeds in extending accreditation and its professional development system to the providers of a majority of the ECE received by young children, the overall quality of ECE will increase substantially. Much greater continuity than there is today would result in ECE across age levels and programs, so quality would be much more evenly distributed. Public subsidization would be much higher; private expenditures would be higher as well. Staff salaries would be higher (though how much higher is unclear) and turnover lower. The percentage of children attending center-based programs would be much higher, particularly at the younger ages.

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For public support for early childhood programs to increase, citizens must be convinced that early childhood education is a specialized activity performed by highly trained professionals with expertise that the average person does not have.

However, it is by no means obvious that NAEYC can succeed. Impediments to NAEYC's success include the amount of resources required to improve quality, the large number of programs to be accredited, the large numbers of family child care providers and others operating outside of centers, and accrediting competition from other organizations. For example, in 1992 the American Academy of Pediatrics (AAP) and American Public Health Association (APHA) put forward their own standards for ECE (AAP/APHA 1992), and the National Child Care Association (NCCA) launched an accreditation system for private providers of ECE.

Unregulated family child care providers might be prevented from eroding the market for quality by tying them into a center-based system, as Zigler (1989) proposed with the School of the 21st Century. In this model, family child care providers are associated with centers from which they receive professional development and other support. Whether or not this is feasible on a large scale remains to be seen. There are a great many family child care providers (700,000 to 1.2 million), and turnover is high (Willer et al. 1991). Professionalization of family child care providers is far behind that of teachers in center-based programs (Kontos et al. 1992). No professional preparation is generally required; many providers view their involvement as temporary and short term, and some have a quasi-family social relationship with clients that may not easily coexist with professionalization (Kontos et al. 1992; Pollard & Fischer 1992; Powell & Bollin 1992). An accreditation system for family child care that is low in cost and similar to NAEYC's in many respects has been developed by the National Association for Family Child Care (NAFCC) (Kontos et al. 1992). The progress of this system should be monitored.

Quality and the cost

A crucial determinant of success for NAEYC will be its ability to persuade the public that (1) the elements of ECE quality stressed by its standards are important for children's development and (2) ensuring that every child receives high-quality ECE beginning with the first year of life is vitally important to families and the nation. People must be persuaded to increase public and private expenditures on ECE to obtain higher quality. This probably requires that the public view nonparental ECE as a specialized activity primarily performed by highly trained professionals who have expertise that the average person does not have. There are some favorable indications in the survey research on parent attitudes. Many parents are favorably disposed toward early childhood programs in centers because of their presumed educational quality, and substantial numbers would shift to centers if they were more affordable (Hofferth et al. 1991). ECE decisions are quite price-sensitive. Therefore, securing large public subsidies for parents is a critical part of the quality-enhancing strategy. This goal must be pursued through persuasion of the general public as well as elected representatives.

How much accreditation would increase the costs of ECE is unclear. If the increase in quality can be accomplished largely by self-study and inservice professional development, the cost might not be as high as implied in the Full Cost of Quality estimates (Willer 1990b). The NAEYC-accredited programs surveyed by the U.S. General Accounting Office (U.S. GAO 1990) were relatively inexpensive ($4,800 in 1988) compared to Head Start and public school programs (and allowing for differences in the hours of service), primarily because the latter provide much higher staff compensation. Similarly, high-quality centers were found to cost only 10% more than poor-quality centers in a recent study of cost and quality (Cost, Quality, & Outcomes Team 1995). On the other hand, one might expect the first center-based programs to be accredited to reflect the use of relatively scarce low-cost resources (highly trained and committed teachers willing to work at low salaries), which cannot be replicated as the number of programs accredited increases.

Research on the likely effects of accreditation on cost and on the public's willingness to pay for quality should have high priority. It seems clear

that the costs of ECE in centers would have to increase by at least 10% and, in some places, might need to increase by more than 50%. For discussion purposes, note that roughly a 20% increase in cost per child would be $1,000, and this would raise national costs by $5 billion just for the number of children now in centers. At the other extreme, the total cost of improving quality and serving all children could require as much as $50 billion in increased spending on ECE (Barnett 1993b). The first cost figure, that is, $5 billion, would require a 50% increase in public funding for ECE if support were to be achieved entirely through public funding. To achieve this level of increase would be a modest goal. The $50-billion figure seems large relative to the current level of public funding for ECE, but even this sum is not large relative to total government budgets or public funding for education generally in the United States.

Inservice professional development may be a relatively low-cost approach to improving ECE quality. Frede and Martin (1995) provide evidence that low-cost accreditation-based training can be an effective approach to improving quality. It is difficult to assess how much such efforts will cost in the aggregate. Center-based programs with the lowest costs would be the first to become accredited, so future costs are predicted to exceed those of programs already accredited. If it is assumed that the cost for preparing each center for program accreditation is $10,000 and 1,000 centers are supported each year, total annual cost would be only $10 million. This is only one-thousandth of the annual federal spending on ECE. Even if the number were somewhat higher, the cost clearly is feasible if a mechanism can be found to direct public resources into accreditation preparation. If 2,000 centers at a time were supported during the approximately two-year preparation for program accreditation, that is, 10,000 in a decade (and 80% of these achieved accreditation), an additional 8,000 programs would be accredited in a decade—10% of the estimated 80,000 centers in the country (Kisker et al. 1991). Obviously, this would greatly increase the accreditation workload for NAEYC.

Future growth and the challenges

Any effort to make accreditation an important influence on the ECE market presents NAEYC with a sizable task. As of January 1996, NAEYC had accredited 4,527 programs—about 5% of the market—and 8,731 had begun the accreditation process by initiating self-study (see Bredekamp & Glowacki, Chapter 1). Future rates of growth are difficult to predict, but at the current pace NAEYC could accredit 10% of the nation's ECE programs by the year 2000, assuming the total number of centers does not increase rapidly. With its continued growth at recent rates, accreditation might reach 20% over the next 15 to 25 years. Assuming it were feasible, accreditation of half of all programs could take 50 to 75 years, depending on the rate of growth in the total number of programs enrolling children (which could be quite large). At these rates accreditation of the vast majority of programs would be far in the future. It is unclear how much accreditation would be required to stimulate quality throughout the market; but surely 20% is at the low end, and nearly complete coverage is desirable. To achieve this in a reasonable time frame, the pace and scale of accreditation would have to be increased substantially.

Although NAEYC's accreditation program has been self-supporting for several years, a growing deficit is projected as the larger base of accredited programs expands relative to the number of new applicants and imposes costs that cannot be recouped.

NAEYC's costs for the accreditation system have increased as the system has grown. Given its brief history and rapid growth in percentage terms, it is difficult to make confident predictions about costs. In recent years, cost has amounted to about $2,000 for every newly accredited program. Although NAEYC's accreditation program has been self-supporting for several years, a growing deficit is projected as the larger base of accredited programs expands relative to the number of new applicants and imposes costs that cannot be recouped. Shortly, NAEYC may find that it cannot support the system without major new sources of funding or significant increases in fees. Sharply increasing the number of programs seeking accreditation in future years would reduce funding problems only temporarily.

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NAEYC should consider both new sources of funding and increases in fees. As the benefits of the system are shared more generally by all accredited programs and the membership of NAEYC, thought should be given to appropriate levels of continuing support from these sources, specifically for accreditation. Although some increases in application fees will be warranted (due to inflation if nothing else), NAEYC members and accredited programs should recognize that it is not in their interest to raise application fees so high that they discourage substantial numbers of centers from seeking program accreditation. Of course, ability and willingness to pay will rise as the value of accreditation rises, so that efforts to increase private and public willingness to pay for accredited ECE play an important role in funding accreditation activities. Regional and organizational variations in ability to pay may be accommodated by simultaneously increasing fees and offering large numbers of individually determined subsidies for programs based on their ability to pay. Philanthropic sources of support could be sought for these "accreditation scholarships."

There are other issues to be dealt with regarding the cost of accreditation as it expands. One is whether NAEYC can sustain a force of volunteer validators at the level required to accredit even 10% or 20% of the programs. A force of 1,500 is used now, and this number may need to be doubled or reconfigured to meet the increased demand for services. Even small payments to validators would impose significant costs on the system. Also as time passes, reaccreditation of programs will become a much larger issue and could have a significant impact on NAEYC's cost of the accreditation system. Finally, some of NAEYC's broader efforts in support of accreditation will have to be expanded, including its efforts to shape professional development systems and the public information campaign regarding quality, public funding, and accreditation.

Even with outside funding to support ECE programs in becoming accredited, it is unclear how much of the market accreditation can reach without government support. Public policy could undermine accreditation by allowing government programs to remain unaccredited or by paying the same reimbursement rates to accredited and nonaccredited programs. Government programs are largely free of market pressures because they have a captive clientele or offer their services at no cost to the consumer. Public policy could support accreditation by funding preparation for accreditation, providing greater resources to accredited public programs, paying higher rates to accredited private programs, relying on accreditation as a supplement to more limited licensing and state inspection, and requiring publicly funded programs to be accredited. Government agencies that rely on accreditation to ensure quality avoid the effort and risks of developing and defending their own quality standards. These efforts can take place at state and federal levels. Possibly the best known example of government support to date is the Department of Defense requirement that a percentage of military ECE programs obtain NAEYC accreditation.

An interesting situation to watch is Australia, which developed an accreditation system based on NAEYC's that is now the first of its kind in the world to be funded by the federal government (Bryce & Johnson 1995). In the 1993 national election, the Australian Labor Party's Prime Minister Paul Keating narrowly won reelection with help from women voters to whom he promised "fee relief" for child care. Child care centers must participate in self-study and accreditation to be eligible to receive child care assistance. In the first two years of operation, 99% of centers had registered and 98% had submitted self-study reports. With the incentive of funding, Australia was able to implement a truly national Quality Improvement and Accreditation System in just two years of operation. However, in the United States, state government seems more likely to be the key to large-scale accreditation success. States can have a huge effect if they incorporate NAEYC standards into licensing standards and public school curriculum guidelines, provide financial and technical support for accreditation, and set payment schedules for child care that pay higher fees to accredited centers.

Concluding thoughts

Theory and empirical research provide reasons for deep concern about the quality of ECE (e.g., Galinsky 1990; Lamb & Sternberg 1990; Zaslow 1991; Zigler & Lang 1991; Barnett 1995). The poor quality of ECE is costly to our children and the nation as a whole. Without concerted action by

NAEYC and others, the situation is unlikely to improve. Accreditation can play a major role in alleviating this problem by providing an easily identified and accurate measure of ECE quality. It would lower the costs to parents and government of obtaining information, reduce the risks to children and parents from poor quality ECE, and increase the benefits from ECE to society as a whole by increasing participation rates in quality ECE programs and raising the overall level of ECE quality.

Accreditation will be most successful if it is developed in the context of a comprehensive strategy for increasing awareness of the importance of quality, shaping professional development, increasing public funding for ECE, and increasing government support for accreditation. The importance of simultaneously increasing the pressure for accreditation and the resources available to support accreditation cannot be overemphasized, for one without the other may not be very successful in improving the quality of ECE overall. The costs of this approach are modest to substantial, depending on how much quality is raised and on how many more children (especially under age 3) enter ECE centers. Among the more important decisions to be made about this larger strategy are whether accreditation should be expanded to provide more refined measures of quality (one-, two-, and three-star programs, perhaps) among acceptable programs and to what extent NAEYC should attempt to exercise control over admission to the ECE profession through preservice and inservice preparation of staff and the qualifications and ongoing professional development of staff required by accreditation.

While designing a political strategy to promote accreditation is beyond the scope of this discussion, the first step should be an expanded public information campaign to help the public understand the importance of high-quality ECE, the need for public support so that parents can afford high-quality ECE, the role of accreditation in assuring quality, and the need for government to support accreditation. Success will depend on changing the public's conceptualization of ECE and ECE professionals and on persuading them that important national interests in ECE policy require a public-private partnership committed to increasing quality. In this campaign NAEYC and others will have to spell out very clearly the dangers of unaccredited, poor-quality programs and the benefits of accredited, high-quality ECE over other forms of ECE, including parental ECE.

Campaigns to educate parents about the benefits of accredited, high-quality early childhood programs could be carried out through the mass media.

Campaigns to educate parents could be carried out through the mass media. Low-cost videotapes might even be provided to all parents of young children, with new parents receiving them at hospital discharge. Other strategies will have to be developed to reach the rest of the public.

Finally, it may be desirable to develop a partnership with business as well as with government in support of accreditation. Business could play a leading role in the public information campaign to increase the campaign's credibility and build business support. The support of business leaders has been important in the success of education reform and efforts to increase Head Start funding (Committee for Economic Development 1991). It may be possible to build on these existing interests to stimulate business support, and it may be easier to increase business support if the importance of quality ECE for business interests is emphasized and business leaders are involved in the development of public policy proposals.

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Information About NAEYC

NAEYC is . . .

a membership-supported organization of people committed to fostering the growth and development of children from birth through age 8. Membership is open to all who share a desire to serve and act on behalf of the needs and rights of young children.

NAEYC provides . . .

educational services and resources to adults who work with and for children, including

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- an **Annual Conference** that brings people together from all over the country to share their expertise and advocate on behalf of children and families
- **Week of the Young Child** celebrations sponsored by NAEYC Affiliate Groups across the nation to call public attention to the needs and rights of children and families
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- **public affairs** information and access to information available through NAEYC resources and communication systems for knowledgeable advocacy efforts at all levels of government and through the media
- the **National Academy of Early Childhood Programs,** a voluntary accreditation system for high-quality programs for children
- the **National Institute for Early Childhood Professional Development,** which offers resources and services to improve professional preparation and development of early childhood educators
- **Young Children International** to promote international communication and information exchanges

For free information about membership, publications, or other NAEYC services, contact

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NAEYC's accreditation system has always been characterized by the involvement of a broad array of stakeholders and others dedicated to young children, families, and early childhood education. This book, which marks the first decade of NAEYC accreditation, continues that collaborative tradition. The book addresses three broad themes: (1) accreditation's effects on program quality and outcomes for children, (2) lessons learned from accreditation initiatives, and (3) the relationships between accreditation and public policy. The reflections in this volume suggest that major accomplishments have been achieved, but that much more remains to be done to meet the goal of high-quality programs for all young children, adequate compensation to staff, and affordable access for all families.

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